

# The RHODE ISLAND MEDICAL JOURNAL

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## THE PROVIDENCE MEDICAL ASSOCIATION — 1949\*

### *Annual Address of the President*

GEORGE W. WATERMAN, M.D.

THE BY LAWS of this association require a presidential address on the occasion of the annual meeting. This year I propose to review the activities of the society during my term of office, to note some important events which have occurred in the past year of concern to the society, and to make some comment on these events. Also, from my experience of the past year, I shall make some suggestions and recommendations for future action by the society.

#### *Meetings*

During the past year the Providence Medical Society has held six regular meetings, at which scientific papers have been read and at several of which we have had speakers to inform us of community activities and in which current socio-economic problems have been discussed. The meetings have been well attended, 90 as an average. Two meetings were held together with the State Society, the first at Quonset in February at which we enjoyed the hospitality of the Navy. An excellent program was put on for us including inspection of the aircraft carrier Kearsarge. A cocktail hour and dinner and an excellent scientific program concluded the evening. In December we met with the State Society at Newport as guests of the Newport Society. We all enjoyed a good social and scientific program and a fine dinner. In March we had speakers representing the Red Cross of Rhode Island. Dr. Kingman of our association told us about the really extensive work that is carried on rather quietly by this organization. Mr. Slader of the Red Cross spoke on the programs of instruction. Chief Bonat of the State Police spoke of the importance of first aid training in police work. Mr. Charles Quinn of the Governor's Fire Prevention Conference, Committee on Rescue and Disaster

spoke of his work in the training of rescue units in the state and asked for the cooperation of the Medical Society in the supervision of disaster squads and the keeping up of proper standards in first aid. In May Dr. Sullivan, the director of the new Veterans Hospital talked to us of the hospital, its lay-out and plans for operation. This hospital was subsequently opened for reception of patients several months later. The association is honored by having three of its members as Chief of Departments, Dr. Clarence Bird as Chief of Surgery, Dr. Herman Lawson as Chief of Medicine and Dr. Robert Williams as Chief Pathologist.

#### *Special Meeting*

In September, 1949, a special meeting of the society was called on petition of members as provided in the by-laws. The purpose of this meeting was to have a free and open discussion of the controversy between the Hospital Service Corporation (Blue Cross) and our Physicians Service Committee (Rhode Island Medical Society). At the time of this meeting negotiations between the two committees had apparently broken down. There was much criticism of members of the committee by the press and some grumbling among the members of the society. At this meeting the entire history of negotiations was reviewed, and after a most interesting and stimulating meeting with discussion by many members, an overwhelming vote of confidence was given to our committee. I believe that the action of the society expressed at this special meeting so strengthened the hand of our negotiators that within a few weeks a successful and satisfactory conclusion was reached whereby Blue Cross would do the merchandising for the Rhode Island Medical Society Physicians Service Corporation's Surgical-Medical Insurance contract. This meeting demonstrated again the great value of free discussion in ironing-out of mis-

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\*Delivered at the 103rd Annual Meeting of the Providence Medical Association, at Providence, R. I., January 9, 1950.

understandings and difficulties. We now have as a result of this program with the Blue Cross, and of the "Rhode Island Plan" which utilizes the private insurance companies, a wide latitude of coverage in prepayment-health insurance in this state. Every member of our association should cooperate fully in the advancement of these nonprofit programs. I urge every member who has not already signed the Participating Physicians Agreement to do so.

To the members of the Physicians Service Committee and especially to the members of our association who played a major part in this study and negotiations and who, by their patience and perseverance in the face of much adverse criticism, have brought their negotiations to a successful conclusion, our deepest appreciation is due for a job well done.

### *Committee Activities*

The Providence Medical Association has many committees which cover various activities within the society and others which have to do with its relations outside the society. The activities of these committees vary from year to year in importance and amount of work but all are set up and ready for action when the occasion arises. I shall speak of the work of a few of the more active in the last year.

1. *Air Pollution*—The efforts to clear the air of Providence is a direct result of the activities of the association which touched off the campaign for anti-air pollution five years ago under the presidency of Dr. B. Earl Clarke. The Citizens' Committee, subsequently organized by the association, aided in the adoption of legislation whereby an adequate staff has been employed to supervise smoke pollution in the city. The task is not one to be completed in a year, or even several years. It represents an unending work of public education and close surveillance to prevent violation of the codes. The result has been progressively gratifying and certainly will ultimately make for healthier living in our city. The association continues its interest in the work through an active Air Pollution committee which acts in both a consultative and advisory capacity to the city government.

2. *Food Handlers*—The Legislative committee headed by Dr. Frank B. Cutts two years ago initiated action which resulted in the adoption by the city of Providence of a more effective food handlers' code. This ordinance has resulted in a decided improvement in the control of the sanitary procedures of eating and drinking establishments in greater Providence and certainly adds another link in the preventive disease campaign which will make for less ill-health among our citizens.

3. *Medical Milk Commission*—For many years the association has maintained a Medical Milk Commission which operates in the task of supervising milk processed and sold under the caption of "Certified Milk." The strict control of dairies operated with the Commission and of the workers employed in such dairies, has provided the most effective guarantee possible regarding milk. The controversy evoked by the Providence Journal-Bulletin during the year relative to the milk sold in greater Providence and throughout Rhode Island significantly made no reference to the work of the Providence Medical Association's Medical Milk Commission, nor to the fact that the milk sold under this supervision was the best protected in the community.

4. *Health and Accident Insurance for Physicians*—The same committee of the association which prepared in 1940 an insurance policy digest for physicians of which more than 6,000 copies have been distributed on requests from all states in this country, reviewed the various group insurance contracts available and recommended the adoption of one this year for our members. As a result approximately 300 physicians have enrolled in the new group policy of the association. To this committee we are greatly indebted for their efforts in our behalf.

5. *Diabetic Detection*—Two significant programs carried out this past fall were the Diabetes Detection campaign under the direction of the State Society headed by Dr. Louis I. Kramer of our association and the Cancer Conference of the State Society arranged by the cancer committee. The first program aimed towards public education resulted in more than 6,000 persons accepting the offer of free examination to detect diabetes and this public education work entailed the donation of the services of physicians, technicians and laboratories.

6. *Cancer Conference*—The cancer conference, the second annual meeting for physicians, attracted more than 150 doctors to our state medical library for lectures on cancer detection and care by outstanding authorities.

7. *Entertainment*—Not the last, and certainly not the least of our active committees is that titled the Entertainment Committee. Busy physicians take too little time for relaxation and rest and the constantly enlarging field of medical economics bears clear testimony to the increasing demands upon our time and energies. Hence, it is notable that we get together at least once during the year for an informal dinner and entertainment which is annually made an outstanding success by the untiring efforts of this committee which includes in its personnel such workers for the association and the

profession as Dr. Nate Bolotow and Dr. Herman Grossman. To these men and their cohorts we are truly appreciative for the job they do so well for all of us each year.

8. *Telephone Bureau*—Undoubtedly the finest step taken by the association this past year has been the establishing of a 24-hour secretarial bureau to handle the telephone calls of physicians. The work of this new Medical Bureau, located in the State Medical Society library and under the direction of Mrs. Beagan, has demonstrated its value in the short time it has been in operation. Its efficient and complete service has exceeded our hopes for an organization just starting out and to Dr. John G. Walsh and his committee who handled all the preliminary work and who have guided the Bureau off to such a fine start, we are grateful.

As a service to physicians the Bureau is proving indispensable. At the present time there are 175 direct lines to the Bureau which tie in the telephones to physicians' offices. In addition a direct line is maintained with the Providence Police Department and to several of the larger hospitals in the city.

No effort has been spared by the Committee in seeking ways to make this new service the finest possible. Seven operators constitute the Bureau staff and the average number of telephone calls handled weekly is 7,300. That gives you some idea of the volume of work done by the Bureau for us.

In addition, the Medical Bureau has answered a vital community need. Since its start 330 emergency calls have been answered day and night. In every instance a physician has been secured for an emergency. To the doctors who have answered these calls I cannot offer enough praise. They represent the true service that the profession has pledged itself to render and they have, in my opinion, been our finest public relations personnel.

#### *Disaster Committee*

There is one field in our relations with the public which does not appear to be represented by a committee of this society. As far as I can find out we have no Disaster Committee. In this atomic age much thought is being given nationally to Civilian Defense. It would seem to me that this society should be ready through a Disaster Committee to act with other agencies, such as the Red Cross, Police and Fire and Hospital authorities, to contribute its part in civilian defense programs. I know that Mr. Slader of the Red Cross and Mr. Quinn of the Governor's Fire Prevention Conference, Committee on Rescue and Disaster are ready and anxious to have our cooperation in their training programs. I would recommend that such a committee be appointed to confer with these organizations and to consider in what way our society can be useful.

#### *Compulsory Health Insurance Issue — National Level*

When I took over the gavel from Phil Batchelder January, 1949, the year ahead looked full of storm clouds for American medicine. The 81st Congress had just assembled and Mr. Truman was about to be sworn in as President after an overwhelming victory at the polls in November. Oscar Ewing's report to the President recommending compulsory health insurance was on the books and socialized medicine seemed on its way.

In spite of all the scientific progress in American medicine resulting in the saving of untold number of lives, in spite of improved standards in hospitals and educational opportunities for doctors resulting in better patient care, the public relations of the doctors as a group seemed at a low ebb. The individual doctor, hard-working, absorbed in his scientific studies and in the exacting demands of sick patients had no time, or thought he had no time, to defend himself or to sell himself to the great public. Few doctors have a call to enter the political arena. Naturally conservative and a little slow to abandon the old and tried for the new and untried, the leadership of American medicine may have made some mistakes by being over-conservative in the face of the growing liberalism of the day. With the threat of socialization of medicine, with all its regimentation, which they had seen overtake their brothers in England, threatening the breakdown of much that they held dear, American medicine arose. The great campaign by the A.M.A. of 1949 against compulsory health insurance was about to start. That this campaign was successful in 1949 does not mean that some form of socialized medicine may not come in 1950 or later. The point of the matter is that the American doctor has been alerted, the A.M.A. has a program, and the people of the country have had the doctor's case presented and will continue to be educated in the facts of medicine in all its relations to the public health.

#### *The Assessment of Dues by the A.M.A.*

In order for our great national society to function in all its varied activities, and one has but to read the organization sections of the Journal to realize how varied and far-reaching the activities of all our committees and conferences are, the society by its democratically elected House of Delegates has voted that annual dues of \$25.00 be assessed on each doctor. This tax is just and necessary to my thinking and should be borne willingly. Our A.M.A. is indispensable if we are to deal with the politicians who would soon socialize and regiment us without it.

During the past year when it has been my duty and privilege to have to do with arranging programs

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## LINEAR PSORIASIS

### *Report of a Case*

ARTHUR B. KERN, M.D.

The Author. Arthur B. Kern, M.D., of Providence.  
Assistant Dermatologist, Department of Dermatology,  
Rhode Island Hospital.

THE PRESENTATION of a patient with a linear dermatosis usually evokes discussion concerning nevus unius lateris, lichen striatus, lichen planus and psoriasis linearis. Numerous articles about the first three have appeared. However, a review of the literature showed that linear psoriasis has seldom been reported. Howard Fox, on several occasions,<sup>1, 2</sup> mentioned the infrequency with which he has seen cases of this type. Woringer<sup>3</sup> has stated that linear psoriasis is an extremely rare variety of a very commonly observed disease. Linear psoriasis appearing at the early age of six months is even more rare. In view of this, the following case report was deemed worthy of publication.

#### *Report of a Case*

A. K., a four year old white girl, was first observed to have a cutaneous lesion at the age of six months. This appeared on the posterior aspect of the right thigh and then gradually spread proximally and distally. Subsequently, some areas underwent spontaneous involution, leaving residual depigmentation. The lesions were on occasion slightly pruritic. At about the age of two years, changes in the right thumb nail were noted. Trauma to the thigh and to the nail prior to the onset of disease was denied. There was no history of skin disease in the parents or other relatives and examination of the mother and brother of the patient revealed no evidence of psoriasis.

When first seen by the author, a striking linear eruption was noted. This extended from the superior aspect of the right buttock, slightly to the right of its mid-line, down to the inferior aspect of the buttock, just to the left of the mid-line. It continued from a point on the posterior aspect of the right thigh, slightly below and to the left of where it had ended on the buttock and extended in a straight line inferiorly for a short distance; it then curved to the right, ending in the mid-line just above the popliteal space. The lesions consisted of erythematous, moderately elevated, flat-topped,

scaly plaques which lacked any verrucous element. Scraping off the scales resulted in fine, pin-point bleeding. Depigmentation was noted around, as well as between, some of the plaques and the lower third of the linear eruption consisted of a narrow band of achromia with a few small, scaly, erythematous papules in the center of its upper part. Clinically, the lesions were typical of psoriasis, but the linear distribution and early onset suggested a psoriasiform linear nevus. Scaling of the scalp and other cutaneous lesions were absent. The nail plate of the right thumb was grayish in color, thickened, studded by many small pits and elevated at its free edge. Non-tender, puffy erythema of the perionychial tissue was also present. Repeated scrapings and cultures for fungi from the nail and surrounding skin gave negative results.

*Histopathology.*—A piece of tissue was excised

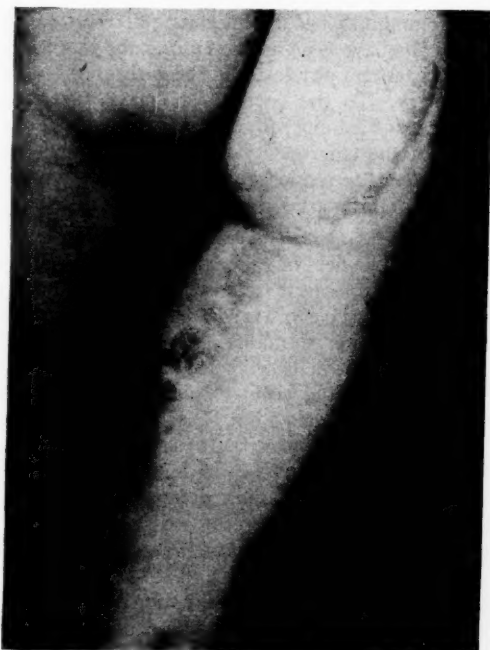


Fig. 1. Linear psoriasis. Characteristic erythematous, scaly, flat-topped plaques in linear arrangement.



from one of the plaques on the thigh and prepared for microscopic examination. The histologic structure was considered to be typical of psoriasis (fig. 2). Parakeratotic scale overlay an epidermis which was uniformly and regularly acanthotic. A few microabscesses (of Munro) were observed within and just below the corneous layer. Several of the downward-proliferating rete pegs had fused to form clubs. The suprapapillary plates were, for the most part, extremely thin. The papillary corium showed edema, dilated and rigid-appearing capillaries, and a moderate inflammatory infiltrate composed chiefly of lymphocytes.

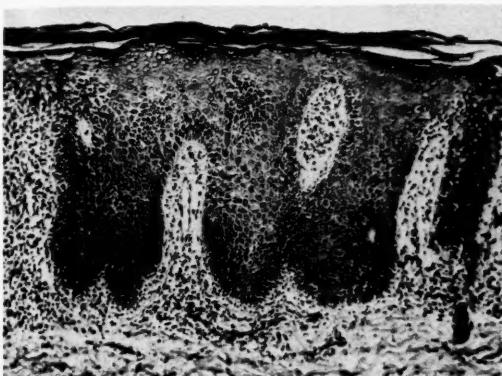


Fig. 2. Photomicrograph of section from an erythematous plaque on the thigh (hematoxylin and eosin;  $\times 134$ ).

**Therapy.**—Ointments of ammoniated mercury, tar, sulfur and salicylic acid and a solution of five per cent chrysarobin in chloroform were employed, with little improvement. Solid carbon dioxide was applied to a few small areas and resulted in disappearance of the lesions treated. Unfortunately, the emotional instability of both patient and mother and the resultant anxiety induced in them by a blister-raising form of therapy, necessitated discontinuing this type of treatment. The right thumb was treated over a period of a few months with hot soaks. No improvement was noted and roentgen-ray therapy was finally instituted. Following two exposures of 100 r, unfiltered, at a two week interval, normal nail formation and disappearance of the surrounding erythema resulted. With the exception of a few pits in the nail plate, no recurrence was noted during the following three months.

During the total six month period of observation, the linear eruption extended inferiorly to below the popliteal space. At the time of writing, the lesions cover an area 30.6 cm long and 2.0 mm to 2.0 cm wide (fig. 1).

### Comment

The typical histologic structure confirmed the diagnosis of linear psoriasis as opposed to psoriasiform linear nevus. It is believed that the dystrophic change of the right thumb was also psoriatic. The discoloration, thickening, pitting, elevation and lamination of the nail plate are all changes characteristically observed in psoriasis of the nails. Not quite so common, however, is the type of change in the skin around the nail such as was seen in this patient. That this may occur is mentioned by Crawford<sup>4</sup> in his comprehensive article on psoriasis of the nails. Patients presented with the diagnosis of psoriasis of the nails by Andrews<sup>5</sup> and by Cornell<sup>6</sup> showed the same alteration of the perionychial tissue as was observed in the case being reported.

MacKee and Cipollaro<sup>7</sup> state that psoriasis before the age of 5 years is uncommon, but that it has been noted in infants as early as the first few weeks of life. Senear<sup>8</sup> presented a 7 month old child with an eruption believed to be psoriasis. Eisenstadt, in discussion of Senear's case, states that psoriasis has been reported in a child of 6 weeks and that he had observed it in a 9 month old baby. Traub<sup>9</sup> presented a patient with psoriasis which had its onset at 18 months. Rille<sup>10</sup> reported on a 6 day old infant with the disease, while Neuman<sup>11</sup> and Kaposi<sup>12</sup> have each reported a patient in whom the dermatosis appeared before the age of one year. The cases just cited are exceedingly rare, however, for the disease most frequently has its onset in the second and third decades of life<sup>13</sup>. Madden<sup>14</sup>, in a series of 44 patients, observed the youngest to be 4 years of age, the oldest 82, and an average age of onset of 26 years. Lane and Crawford<sup>15</sup>, in their study of 232 cases of psoriasis, noted that the youngest and oldest patients were 6 and 82 years respectively and that the earliest age of onset was 2 years.

### Summary

A patient with a linear eruption which appeared at the age of 6 months and which was histologically psoriasis is reported.

Although difficult to prove, it is believed that the dystrophic changes of the right thumb nail were on a psoriatic basis.

This case is unusual not only because of the rarity of linear psoriasis, but also because of its early age of onset.

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## ALLERGY MEETING

The 6th Annual Meeting of the American Academy of Allergy will be held March 6, 7 and 8 at Los Angeles. For detailed information write to the Secretary, 208 East Wisconsin Avenue, Milwaukee, Wisconsin. Rhode Island members of the Academy will be glad to sponsor local physicians for attendance at the meeting, and anyone interested is requested to communicate with the executive secretary at the Medical Library.

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<sup>12</sup>Kaposi, cited by Ormsby and Montgomery, p 311.

<sup>13</sup>Ormsby, O. S., and Montgomery, H.: Diseases of the Skin, ed. 7, Philadelphia, Lea and Febiger, 1948, p 311.

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<sup>15</sup>Lane, C. G., and Crawford, G. M.: Psoriasis, A Statistical Study of Two Hundred and Thirty One Cases, Arch. Dermat. & Syph. 35:1051 (June) 1937.

## PROVIDENCE MEDICAL ASSOCIATION—1949

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for meetings for the association, I have been impressed by the interest of the doctors of this community in the social and economic aspects of medicine. No longer can we indulge in purely scientific programs. There is a demand from the rank and file to be informed fully about what is going on in social legislation as it affects the profession and the public in matters of health. The tremendous interest in the Blue-Cross Medical Society negotiation as evidenced by the calling of a *special meeting* to be informed and to discuss it, is plain evidence of this interest. The future officers of the association will, I know, recognize the fact as good and arrange to have speakers who will keep us all properly informed in such matters. Our society fortunately has one of the best informed executive secretaries in the country. We are living in a fast changing time. Old values are being replaced by new for good or bad. Let us be informed so that we may preserve and not lose the proven values of yesterday and yet be ready to accept the good in the new of today and of tomorrow. Let us be the informed leaders in these movements, guiding and directing as is our heritage in matters of health so that we may not be caught in an avalanche by misguided lay enthusiasts and find ourselves eventually the regimented slaves of the bureaucracy of a "welfare state," a tragedy for us, and for our patients.

With this message I now pass on the gavel after a most stimulating and valuable experience. My thanks to all who have contributed to our programs.

## HOUSE OF DELEGATES of the RHODE ISLAND MEDICAL SOCIETY *Report of Meeting Held on January 18, 1950*

A REGULAR MEETING of the House of Delegates of the Rhode Island Medical Society was held at the Medical Library on Wednesday, January 18, 1950. The meeting was called to order by the President-elect, Dr. Charles J. Ashworth, who presided in the absence of Dr. Peter Pineo Chase, President, and Dr. Edgar S. Potter, Vice President. The following members were in attendance:

*Kent County*  
Rocco Abbate, M.D.  
Peter C. Erinakes, M.D.

*Pawtucket Medical*  
Edward H. Trainor, M.D.  
Henry Hanley, M.D.  
Robert Henry, M.D.  
Earl J. Mara, M.D.

*Washington County*  
Louis Morrone, M.D.  
Samuel Nathans, M.D.

*Woonsocket County*  
George Keegan, M.D.  
Joseph McKenna, M.D.

*Bristol County*  
Ulyse Forget, M.D.  
(Alternate Delegate)

*Providence Medical*  
J. Murray Beardsley, M.D.  
E. Victor Conrad, M.D.  
Frank B. Cutts, M.D.  
Donald DeNyse, M.D.  
John Dillon, M.D.  
William J. H. Fischer, M.D.  
Peter F. Harrington, M.D.  
William Horan, M.D.  
Russell R. Hunt, M.D.  
Louis I. Kramer, M.D.  
Herman A. Lawson, M.D.  
Robert G. Murphy, M.D.  
Joseph C. O'Connell, M.D.  
Edwin B. O'Reilly, M.D.  
George W. Waterman, M.D.  
Michael J. O'Connor, M.D.

*Officers*  
Charles J. Ashworth, M.D.  
Morgan Cutts, M.D.

Also in attendance was Dr. Charles L. Farrell, Delegate to the American Medical Association, and Mr. John E. Farrell, Executive Secretary.

### REPORT OF THE SECRETARY

Dr. Morgan Cutts, Secretary of the Society, submitted the following report:

Since the House of Delegates last met the Council of the Society has held two meetings to transact the business of the Society. Some of the work is summarized briefly as follows:

The Committee on Industrial Health was authorized to conduct a rehabilitation clinic, at a time and place to be decided by the committee, in conjunction with the R. I. Curative Center.

The President was authorized to name a special committee on the Medical Examiner Law to study and assist the Attorney General of the State.

The President was authorized to appoint a Medical-Dental Committee.

The President was authorized to name three delegates from the Society to the Council of the New England State Medical Societies.

It was voted that there should be a Committee on the revision of the By-Laws, to be named by the President.

It was voted to have representation at a hearing before the Committee on Corporations of the House of Representatives of the Rhode Island General Assembly relative to jury duty for physicians and surgeons.

The request from the Providence Medical Association that it discontinue its committee on air pollution abatement, and that a similar committee be established as a state society committee was adopted.

An advisory Committee on Nutrition was authorized.

The Chairman of the Committee on Public Relations, the Treasurer and the Executive Secretary were authorized as a committee to consider plans for a prize essay contest for high school students.

The Treasurer was authorized to invest \$1,000 of the cash in the General Fund credited to the Davenport fund in U. S. Treasury bonds.

Drs. Charles J. Ashworth, and Charles L. Farrell, and the Executive Secretary, were named as delegates to the National Education Campaign meeting called by the AMA at Chicago for February 12, 1950.

Dr. Stanley Sprague, chairman of the Committee on Industrial Health was named as the Society's official delegate to the Congress on Industrial Health to be held in New York the week of February 20, 1950.

The report of the special committee on medical examiners was approved, together with the specific recommendations made in the report to the Attorney General of Rhode Island.

The Governor of the State was requested to consider official representation from the Rhode Island Medical Society on his committee to be named from Rhode Island to the MidCentury White House Conference on Children and Youth.

It was voted that the Treasurer bill the Fellows of the Society for the AMA dues at his convenience, and in such manner as he deems best.

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It was moved that the report of the Secretary be accepted and placed on file. The motion was seconded and adopted.

Dr. Ashworth called to the attention of the House that the committee delegated to attend the National Education Campaign meeting in Chicago on February 12 would be reimbursed for its traveling expenses by the American Medical Association. He also noted that the expenses of the representative to the Industrial Health meeting would be paid by the Society.

#### *Recommendations*

The secretary read a communication from the Pawtucket Medical Association relative to possible changes in the recently enacted law regarding the position of Medical Examiner in the State of Rhode Island.

Dr. O'Connell reported briefly of the work of the subcommittee of the Council on the problem of the Medical Examiner in the State. He also reported on recent meetings with the Governor and with the Attorney General regarding the recommendations made by the committee to the Attorney General.

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The Secretary read a communication from the headquarters of the National Education Campaign asking if the Rhode Island Medical Society had adopted any resolution against compulsory health insurance. The Secretary reported that the Society was not on record in this matter and he submitted the following resolution for consideration by the House of Delegates:

**WHEREAS** the medical profession in Rhode Island, and to our best knowledge throughout the country, has made available to the people the best medical care obtainable in the world, thereby helping these United States to become the healthiest nation, and

**WHEREAS** the experience of all countries where Government has assumed control of medical services has shown a progressive lessening of medical standards and medical care, as well as the destruction of the voluntary system, and

**WHEREAS** there is now great political pressure in this country to federalize medical care through a system of taxation that is not insurance for health and that will plunge this State and this country into greater debt without improving health care, and

**WHEREAS** the people of Rhode Island, and in increasing numbers throughout the country, have demonstrated strong support for voluntary programs for health care, Now therefore,

**BE IT RESOLVED** that the House of Delegates of the Rhode Island Medical Society hereby go on record against any form of compulsory taxation resulting in a so-called health insurance program, and against any system of political medicine designed for bureaucratic control.

Dr. Abbate moved that the House of Delegates adopt the resolution as read. The motion was seconded and unanimously voted.

#### *Blue Cross Directors*

The Secretary reported that the Council of the Society recommend the nomination of only two representatives from the Rhode Island Medical Society to the Board of Directors of the Hospital Service Corporation of Rhode Island to serve for the year 1950. He also reported that the Council placed in nomination Drs. Samuel Adelson, of Newport, and G. Raymond Fox, of Pawtucket.

Dr. Frank Cutts moved the approval of these nominations. The motion was seconded.

Dr. Ashworth briefly discussed the motion and explained to the House of Delegates that in 1946 the Society agreed to permit Blue Cross to be a Medical Service Corporation on certain conditions, one of which was that one director of every four of Blue Cross would at all times be a doctor of medicine nominated by the Society. In view of the fact that Blue Cross has never operated as a Medical Service Corporation as planned, and since the Society now has its own nonprofit corporation to carry out the proposals of the original legislation, the terms of the 1946 agreements with the Blue Cross are now considered as withdrawn.

Consequently, the Council did not feel that it should have seven directors, and since it was inviting Blue Cross to have two on the Board of Directors of Physicians Service, it seemed advisable to suggest two from the Society on the Blue Cross Board. If they desired only one instead of two, he expressed the opinion that they should be free to make the choice. The motion as made by Dr. Cutts was unanimously adopted.

#### *Meeting Dates*

The Secretary reported that the Council recommended to the House of Delegates the adoption of the date Wednesday, December 13 for the mid-winter meeting of the Society to be held in Woonsocket, Rhode Island, and the dates of May 9 and 10, 1951, for the Annual Meeting to be held in Providence.

Dr. Kramer moved that the recommendations of the Council regarding the meeting dates be adopted. The motion was seconded and passed.

#### *Report of the Delegate to the American Medical Association*

Dr. Charles L. Farrell, Delegate, reported on the American Medical Association mid-year clinical meeting held in Washington, D. C., in December, 1949. He reviewed the highlights of the meeting of the House of Delegates of the American Medical Association and he discussed in some detail the reasons for the American Medical Association annual assessment. He also spoke briefly regarding health legislation before Congress and cited the objection of the medical profession to H 6000 and



S 1411. It was moved that the report of the delegate to the American Medical Association be accepted as presented. The motion was seconded and passed.

#### *Report of Physicians Service*

Dr. Joseph C. O'Connell, President of the Rhode Island Medical Society Physicians Service, gave a résumé report of the development and progress of that corporation. This report is made a part of the official minutes of the meeting.

Dr. Frank Cutts moved that the report submitted by Dr. O'Connell be accepted and placed on file. The motion was seconded and passed.

#### *Nominations to Physicians Service*

Dr. Ashworth called to the attention of the House that the By-Laws for the Rhode Island Medical Society Physicians Service provided that twelve Fellows should be nominated by the House of Delegates.

Dr. Frank Cutts stated that careful consideration should be given the nominees for this important work and in addition to the men serving as directors and recommended by the President of Physicians Service in his report, he offered as nominees the following:

Irving Beck, M.D.  
Kenneth Burton, M.D.  
Wilfred Carney, M.D.  
Marshall Fulton, M.D.

Dr. Peter F. Harrington placed in nomination Dr. Earl Mara.

Dr. John Dillon placed in nomination Dr. Daniel V. Troppoli, Dr. Henry Joyce and Dr. Robert G. Murphy.

Dr. William J. H. Fischer placed in nomination Drs. Herman Lawson, Lawrence Martineau, George Young, and David Freedman.

Dr. Ashworth called attention to the fact that the importance of the work of Physicians Service warranted careful attention by the House of Delegates in nominating men who were familiar with the work to be undertaken, and he stated that he considered the list of nominations to include those suggested in the report submitted by Dr. O'Connell. There was brief discussion after which Dr. Frank Cutts moved that the twelve physicians suggested in the report submitted to the House by the president of Rhode Island Medical Society Physicians Service be included as nominees. The motion was seconded and adopted.

Dr. Frank Cutts moved that the four nominees receiving the most votes should serve the three year terms, the four receiving the next highest number of votes the two year terms, and the four receiving the next highest votes the one year terms, and in case of a tie vote that the presiding officer shall resolve the tie, and that the twelve nominees voted

by the Delegates shall be submitted to Physicians Service as nominees to its Board of Directors from the Rhode Island Medical Society.

The motion was seconded and adopted.

Dr. Robert G. Murphy requested that his name be withdrawn from the list of nominees. Dr. Mara moved that the ballot be signed at the will of the Delegate casting the ballot. The motion was seconded and passed.

Dr. Morgan Cutts read the complete list of nominees as follows, and requested that members of the House mark on a written ballot twelve choices.

Joseph C. O'Connell, M.D.	Irving Beck, M.D.
Rocco Abbate, M.D.	Kenneth Burton, M.D.
Charles J. Ashworth, M.D.	Wilfred Carney, M.D.
Morgan Cutts, M.D.	Marshall Fulton, M.D.
Charles L. Farrell, M.D.	Earl Mara, M.D.
Louis Cerrito, M.D.	Daniel V. Troppoli, M.D.
Louis Burns, M.D.	Henry Joyce, M.D.
Henri Gauthier, M.D.	Herman A. Lawson, M.D.
Albert H. Jackvony, M.D.	Lawrence Martineau, M.D.
Frank B. Cutts, M.D.	George Young, M.D.
Orland Smith, M.D.	David Freedman, M.D.
Charles E. Millard, M.D.	

Dr. Ashworth named Dr. Louis Kramer and Dr. William J. H. Fischer to serve as tellers and to record the vote with the assistance of the Secretary.

\* \* \*

The Secretary subsequently reported that the following were the twelve receiving the nominations from the House of Delegates.

Charles J. Ashworth, M.D.  
Joseph C. O'Connell, M.D.  
Morgan Cutts, M.D.  
Albert H. Jackvony, M.D.  
Charles L. Farrell, M.D.  
Henri Gauthier, M.D.  
Louis Burns, M.D.  
Louis Cerrito, M.D.  
Rocco Abbate, M.D.  
Frank Cutts, M.D.  
Orland Smith, M.D.  
Earl Mara, M.D.

#### *Jury Duty for Physicians*

Dr. Ashworth reported on the representation he had made for the Society this day at the meeting of the House Committee on Corporations of the Rhode Island General Assembly regarding jury duty for physicians and surgeons. He read the statement that he had submitted to the committee and to the press and he explained that it was based on the opinions of the members of the Council.

Dr. Harrington commended Dr. Ashworth for the excellent statement issued by the Society on this matter.

\* \* \*

The meeting adjourned at 10:06 p.m.

Respectfully submitted,

MORGAN CUTTS, M.D., Secretary

# The RHODE ISLAND MEDICAL JOURNAL

*Owned and Published Monthly by the Rhode Island Medical Society,  
106 Francis Street, Providence, Rhode Island*

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## JURY DUTY

The recent publicity by one of our newspapers of the many exemptions provided under the statutes whereby citizens may be eliminated from serving as jurors has focussed attention on the inclusion of physicians and surgeons among the exemptions. To our best knowledge physicians have never sought that exemption for any personal reason. That the General Assembly saw fit to exempt doctors from jury duty is certainly justified in view of the demand upon their time, a demand that cannot be circumscribed by any legislative rules or regulations if the sick are to be attended.

As citizens the physicians of this State contribute more than their fair share to community responsibilities. There is no group in the State that gives more freely of its time to planning and aiding all phases of civic activity to make for a better way of life for everyone. We are sure that if physicians are needed for jury duty they will accept that assignment. But when one reads the lengthy list of exemptions from jury service the thought must readily come to mind that physicians and surgeons, of all listed, have far greater reason for being in the classification than the majority.

The position of the medical profession of Rhode Island was admirably set forth at a hearing before the House committee on corporations of the General Assembly last month by Dr. Charles J. Ashworth, president-elect of the Rhode Island Medical Society. We commend his statement which follows for reading by every Fellow of the Society:

"To our knowledge neither the Rhode Island Medical Society, nor its members individually, have ever asked for exemption from jury duty. We had no part in writing the legislation now on the statute books whereby certain persons, including physicians, shall be exempt from jury duty.

The physicians and surgeons of Rhode Island have always been ready and willing to discharge their obligations and duties as citizens. Our record as a group is evidence of our acceptance of civic responsibilities as I am sure you and all the people of the State must know. Physicians give liberally of their free time to serve the many municipal and state organizations and agencies in all phases of community life. We are always ready, as every citizen should be, to discharge duties necessary for good government and effective justice in our courts.

Therefore, we can only conclude that if the General Assembly of this State thinks that physicians and surgeons should not be exempt from jury duty, and if the public is agreeable to any inconveniences that might result because a physician is removed from active practice by jury service, we certainly have no objection to such a provision in the law.

We have noted the many groups now exempt from jury service, and we infer that the General Assembly must have had good reason for providing such exemptions. We infer that physicians and surgeons have been exempt because it is well-known to all that sickness is not predictable, and therefore a physician is at the service of his patients at all

times. It is true that if the physician were on jury duty he could possibly refer his patients to another physician, just as he would if he were ill or out of the state. But whether the patients would wish such an arrangement when their family doctor could be available is apparently a situation that must have concerned the General Assembly when it drafted the exemption of physicians.

We have inferred that our exemption was granted without our asking for it because the General Assembly felt that we probably render a greater human service by being free to attend the sick as they may need us than we would serve the community and justice by taking a place in the jury box.

We have inferred that the General Assembly felt that a physician's place on the jury could be filled equally well by another citizen, but a physician's place at the bedside of a sick patient cannot be filled except by another physician.

We, therefore, as citizens ask no exemption from jury duty. That we may be exempted as physicians and surgeons to be free at all times to carry on our task of serving the sick, and the well, is a matter the General Assembly and the public may well determine."

#### OFF TO A GOOD START

The first annual meeting of the corporation of our Rhode Island Medical Society Physicians Service presented one of the most favorable reports possible for a new organization recounting its first year's achievement, or more specifically in this instance, its first few months of operation.

The clearance of multitudinous details, the willing service of members of the Society to work on various committees, and particularly the Joint Operations Committee assigned the task of meeting almost weekly to iron out the problems involving sales of the policy, indicate a bright future for our own surgical plan. By mid-January 5,244 contracts had been sold to provide surgical-medical coverage for 11,771 persons; the number of participating physicians was reported as 458, with the number increasing daily.

Off to a good start, the Corporation completed the complement of medical representation on the board of directors by electing Drs. Joseph C. O'Connell, Charles J. Ashworth, Morgan Cutts, Albert H. Jackvony, Orland Smith and Frank Cutts, all of Providence, Dr. Charles L. Farrell of Pawtucket, Dr. Henri Gauthier of Woonsocket, Dr. Louis E. Burns of Newport, Dr. Louis Cerrito of Westerly, Dr. Earl Mara of Pawtucket, and Dr. Rocco Abbate of Warwick, thus providing for statewide representation.

The directors in turn re-elected the officers who have served the corporation since its start in 1949, Dr. O'Connell as president, Dr. Abbate as vice

president, Dr. M. Cutts as secretary, and Dr. Ashworth as treasurer.

The program is off to a good start in the capable hands of the elected directors. With the assistance of the Hospital Service Corporation, it should enjoy a very successful year.

#### MEDICAL EDUCATION

The recent criticisms stemming from statements reportedly made at the American Conference of Academic Deans held in Cincinnati last month regarding medical education warrants a strong answer from the medical profession of this country. The inference left with the public that the medical profession and the medical schools are in collusion to protect physicians from the competition of outsiders by keeping down the number of new students through strict admission limitations borders on the ridiculous.

Applications for admission to the 5,864 openings in the freshman classes of seventy of the nation's medical colleges totaled 88,810 in 1949, according to a survey made by William S. Guthrie, junior dean of Ohio State University College of Arts and Sciences, and reported in *Higher Education* last September. This was a ratio of over fifteen applicants for each opening, but it must be remembered that today most applicants apply to more than one medical school, and some apply to as many as twenty-five or thirty.

The process of selection is just that, not one of exclusion. The careful selection of students for the study of medicine has to be done with keen recognition that medical education is the foundation of our national health and welfare. Additional factors that curtail enrollment are the capacity of the physical plant of the individual medical school, the number of qualified teachers available to instruct the students, and the number of hospital beds available for clinical instruction. Adequate equipment must be had, students can't teach one another, nor can they learn from books alone.

All these factors necessarily curtail medical school enrollment, and yet the medical schools at this time are training students at the limit of their capacity with 6,887 freshmen currently on the rosters, an increase of 373 over last year.

Educators are the first to admit that accelerated programs such as were maintained during the war tend to lower the standard of performance of the medical schools. It is true that if we disregarded the necessity of adequate facilities and teachers we could greatly increase the number of students. But how many people would consult of their own accord such inadequately trained physicians once they were returned to the communities of the country to practice?

*continued on next page*

During the past twenty years the number of physicians in this country has increased at a greater rate than the population as a whole. From an estimated total of 152,000 in 1929 the number had expanded by 1940 to in excess of 175,000. Preliminary data for 1949 indicate that there are now more than 200,000 physicians in the continental United States.

In the past eight years new medical schools or expansions of former 2-year schools of basic medical sciences have been developed in Alabama, California, Illinois, North Carolina, Texas, Utah, and Washington, and others are being considered in Mississippi, Florida, West Virginia, and elsewhere. We know that there has been agitation in Connecticut for a medical school at the State University at Storrs. The medical profession of Maine has been the staunchest support for a medical school in that State. And we feel certain that if Rhode Island ever decides that it can appropriate the great financial outlay to start a medical school here, the physicians of Rhode Island will be foremost among those urging development of adequate facilities for more students of medicine.

### THE PHYSICIAN'S SECRETARY

In many states there are organized associations of medical secretaries. Perhaps we should have one in Rhode Island. Certainly it would be well if every physician having an office secretary, or nurse, who handles his telephone calls, meets his patients and makes appointments for them, and who in general shares the responsibility for the successful operation of the office, took time regularly to evaluate her work.

### MORE AFRAID OF LIFE

"Too many people are asking the federal government to perform the functions of state governments. Too many people want to lean upon the government, forgetting that the government must lean upon the people. Too many people are thinking of security instead of opportunity. They seem more afraid of life than of death.

"...We must emphasize the freedom of the individual who by his initiative has made America prosperous. And we cannot very well boast of freedom under the American system if we are going to change that system and force the people to surrender more liberties to a centralized government.

"When we see the states of Western Europe and Great Britain, which have embraced socialism, unable to stand on their own feet and the very existence of their governments depend upon the tax payers of the United States, it would seem prudent for us to hold fast to our system of government that has proved efficient in war and in peace, and put our financial house in order..."

... HON. JAMES F. BYRNES, former Supreme Court Justice, Cabinet Member and Senator, before the Conference of Governors in Biloxi, Mississippi, Nov. 21, 1949.

Criticisms often come to the medical society of ill considered and even discourteous treatment from secretaries. Particularly is this true of telephone calls. The impressions that the patient receives are too often used as the false premiss for a conclusion about physicians in general. Thus, not alone is the individual physician injured; the whole profession has another black mark that even professional public relations counsel can't eradicate.

That the services of a capable and efficient secretary are invaluable to the busy physician goes unchallenged. That the majority of the medical secretaries are conscious of the role they play in the professional life of the physician is also admitted. But that there must be continual vigilance and progressive training in the techniques of meeting the public satisfactorily is equally true.

### ATTACK ON ARTHRITIS

Rhode Island became the sixteenth state to form a chapter of the Arthritis and Rheumatism Foundation when more than two dozen professional and civic leaders, headed by Governor John O. Pastore, met at the medical library last month. The purpose of the Foundation is to bring together and to unify the many appeals by various groups eager to attack this health problem.

The founders' group adopted a constitution and by-laws, and then elected Mr. William J. Halloran, president of the trucking concern of the same name, as its first president. Heading the medical committee of the local chapter is Dr. William J. O'Connell, director of the arthritis clinic at St. Joseph's hospital, where a small amount of the drug cortisone has been received for applied research.

The crippling effects of arthritis and rheumatism are all too well-known to the physician. The public, too, is extremely conscious of this disabling illness, and the development of the new state organization to assist in raising funds for research and new controls of the disease is certain to win popular support.

### WORKMEN'S COMPENSATION REPORTS

The attention of Fellows of the Society is directed to the amendment to the state workmen's compensation law, enacted last year, which provides in part as follows:

"...The employee shall be entitled to a full, exact, signed duplicate copy of the medical report of the examining physician, which shall be mailed by the examining physician to the employee or his attorney at the same time the original report is sent to the employer or carrier..."

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be prevented or relieved, in a high percentage of cases,  
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## RHODE ISLAND MEDICAL SOCIETY PHYSICIANS SERVICE

### *Report of First Annual Meeting of Corporation*

*Held at Providence, January 18, 1950*

THE FIRST annual meeting of the Corporation of the Rhode Island Medical Society Physicians Service was held at the Rhode Island Medical Society Library on Wednesday, January 18, 1950. The meeting was called to order by the President, Dr. Joseph C. O'Connell, at 10:10 p.m.

The following members of the Corporation were in attendance:

#### *Members of the House of Delegates of the Rhode Island Medical Society*

##### *Kent County*

Rocco Abbate, M.D.  
Peter C. Erinakes, M.D.

##### *Pawtucket Medical*

Edward H. Trainor, M.D.  
Henry Hanley, M.D.  
Robert Henry, M.D.  
Earl J. Mara, M.D.

##### *Washington County*

Louis Morrone, M.D.  
Samuel Nathans, M.D.

##### *Woonsocket County*

George Keegan, M.D.  
Joseph McKenna, M.D.

##### *Bristol County*

Ulysse Forget, M.D.  
(Alternate Delegate)

##### *Providence Medical*

J. Murray Beardsley, M.D.  
E. Victor Conrad, M.D.  
Frank B. Cutts, M.D.  
Donald DeNyse, M.D.  
John Dillon, M.D.  
William J. H. Fischer, M.D.  
Peter F. Harrington, M.D.  
William Horan, M.D.  
Russell R. Hunt, M.D.  
Louis I. Kramer, M.D.  
Herman A. Lawson, M.D.  
Robert G. Murphy, M.D.  
Joseph C. O'Connell, M.D.  
Edwin B. O'Reilly, M.D.  
George W. Waterman, M.D.  
Michael J. O'Connor, M.D.

##### *Officers*

Charles J. Ashworth, M.D.  
Morgan Cutts, M.D.

#### *Directors of Physicians Service (Not members of the House of Delegates)*

Charles L. Farrell, M.D.      Louis Cerrito, M.D.  
Henri Gauthier, M.D.      Albert H. Jackvony, M.D.

Also in attendance was Mr. John E. Farrell, Executive Secretary.

#### *Report of the Secretary*

Dr. Morgan Cutts, Secretary of the Corporation, submitted his annual report as follows:

The Rhode Island Medical Society Physicians Service was incorporated on May 3, 1949, for the purpose of adopting the provisions of Chapter 1598 of the Public Laws of Rhode Island, said corporation to be administered by the Rhode Island Medical Society for the purpose of increasing the extent to which voluntary insurance against the cost of medical care is made available to the people of the State of Rhode Island.

An organization meeting of the corporation was held at the Rhode Island Medical Society Library on May 17, 1949, at which the following were elected as officers:

JOSEPH C. O'CONNELL, M.D., *President*

ROCCO ABBATE, M.D., *Vice President*

MORGAN CUTTS, M.D., *Secretary*

CHARLES J. ASHWORTH, M.D., *Treasurer*

At this meeting a motion was adopted that a committee on by-laws be appointed, and that legal advice be sought as regards the liability of the incorporators and ways to eliminate such liability.

In September the Corporation, through its President, reported to the House of Delegates of the Rhode Island Medical Society regarding its actions. Recommendations were also made which were adopted by the House of Delegates to authorize Physicians Service to continue its negotiations with the Hospital Service Corporation (Blue Cross) of Rhode Island relative to their cooperation in the business phases of Physicians Service. Subsequently these negotiations were completed, and a joint operations agreement signed.

On November 8, 1949 the board of directors of Physicians Service met and adopted the by-Laws as submitted by its committee which had drafted them with advice of legal counsel.

The Board elected as additional directors the following: Henri Gauthier, M.D., of Woonsocket, Louis E. Burns, M.D., of Newport, Louis Cerrito, M.D., of Westerly, and Albert H. Jackvony, M.D., of Providence.

Named to serve on the Joint Operations Committee with the Blue Cross representatives were Drs. Charles J. Ashworth, Charles L. Farrell, and Albert H. Jackvony.

The Board of Directors met again on November 17, 1949, and at this meeting the following actions were taken:

1. The subscribers contract was approved for submission to the State Insurance Commissioner.
2. A brochure for mailing to the Fellows of the Society, as well as non-members, was submitted and approved.

*continued on page 86*



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**FOR URINARY**  
**TRACT INFECTION**



**P**rompt and effective relief from distressing symptoms of urinary tract infections often can be achieved through the action of orally administered Pyridium.

The analgesic action of Pyridium is entirely local, reducing the urinary frequency and pain and burning on urination, without systemic sedation or narcotic action.

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# PHYSICIANS SERVICE MEETING

*continued from page 84*

3. An official seal was adopted for the Corporation.
4. The question of Blue Shield membership was tabled after discussion of the proposal.
5. The original by-laws were amended to provide for a total of 18 on the board of directors.
6. An Executive Committee, a Finance Committee, and a Professional Advisory Committee were established.
7. The Board voted to retain Mr. William E. McCabe, as legal counsel for the Corporation.
8. The Board voted to engage Mr. John E. Farrell as its executive secretary.

A meeting of the Board of Directors was held at the Rhode Island Medical Library on December 13, 1949. At this meeting there was lengthy discussion regarding liberalizing the Rhode Island Plan, and it was agreed to ask the Health Insurance Committee of the Society to consider such action, and to ask the various participating companies to accept such a proposal.

A meeting of the board of directors was held at the Rhode Island Medical Library on Monday, January 16, 1950. At this meeting it was moved that the present nine members of the board of directors, and three additional nominees be suggested to the House of Delegates for its consideration. The additional nominees were Dr. Frank B.

## RHODE ISLAND MEDICAL JOURNAL

Cutts, Dr. Charles Millard of Warren, and Dr. Orland Smith.

The Board voted that a fee of \$10 be included in the master schedule of indemnities for nerve block with anesthetic agent, with a limit of three anesthetic blocks within a 90-day period, and that a fee of \$15 be included in the master schedule of indemnities for nerve block with alcohol.

It was voted that checks of Physicians Service for amounts below \$100 could be signed by the following designated assistant treasurers for that purpose alone: Dr. Morgan Cutts, Dr. Charles L. Farrell, and John E. Farrell. It was voted that payments over \$100 shall be countersigned by the President of the Corporation, or any other officer.

The Board voted to pay the indebtedness already incurred, and the existing accounts due, as soon as funds are available.

It was voted to table for the present the question of membership in the national Blue Shield organization.

It was voted that participating physicians be informed that they need only to put a plus (+) sign as an answer to the question on the surgical medical report requesting information on the fee charged in excess of the indemnity allowed a patient above the income limits.

It was moved that the annual report of the Secretary be accepted and placed on file. The motion was seconded and adopted.

### Annual Report of the Treasurer

Dr. Charles J. Ashworth, Treasurer of the Corporation, submitted a financial report for 1949 as follows:

Expenses paid in 1949 by the Rhode Island Medical Society:

Printing and postage .....	\$ 147.78
Payment to Blue Cross .....	\$2,000.00
	<hr/> \$2,147.78

Accounts outstanding:

Edwards & Angell,	
Legal counsel .....	\$869.70
Printing	
(W. R. Brown Company) .....	\$280.60
Biennial report to State .....	\$ 2.00
	<hr/> \$1,152.30

He also reported that the premiums already received from the initial subscribers to Physicians Service exceeded \$8,000.00, a sum sufficient to meet current expenses.

It was moved that the report be accepted and placed on file. The motion was seconded and adopted.

### Recommendation to Board of Directors

Dr. Earl Mara of Pawtucket briefly discussed the By-Laws of the Corporation, and he moved that the Corporation recommend to the Board of Direc-

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**76 WESTMINSTER ST.**



tors that they consider an amendment to Sub Section D of Section 1 of Article 1 of the By-Laws that it may read

"Such other persons, non-physicians, as may be elected—" (The underscored words represent the change in the By-Laws suggested.)

### Election of Board of Directors

The Secretary reported that the House of Delegates of the Rhode Island Medical Society in accordance with the By-Laws of the Corporation of Physicians Service, had submitted the names of twelve Fellows of the Society as nominees to the Board of Directors of Physicians Service as follows:

To be elected for three years—

Charles J. Ashworth, M.D.  
Joseph C. O'Connell, M.D.  
Morgan Cutts, M.D.  
Albert H. Jackvony, M.D.

To be elected for two years—

Charles L. Farrell, M.D.  
Henri Gauthier, M.D.  
Louis E. Burns, M.D.  
Louis Cerrito, M.D.

To be elected for one year—

Rocco Abbate, M.D.  
Frank Cutts, M.D.  
Orland Smith, M.D.  
Earl J. Mara, M.D.

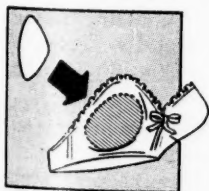
It was moved that the nominees submitted by the House of Delegates of the Rhode Island Medical Society be elected for the terms specified in the nominations. The motion was seconded and unanimously adopted.

The meeting adjourned at 10:25 p.m.

Respectfully submitted,

MORGAN CUTTS, M.D., *Secretary*

### in POST MASTECTOMY



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## DISTRICT MEDICAL SOCIETY MEETINGS

### PROVIDENCE MEDICAL ASSOCIATION

The 103rd Annual Meeting of the Providence Medical Association was held at the Rhode Island Medical Society Library on Monday, January 9, 1950. The meeting was called to order by Dr. George W. Waterman, President, at 8:35 p.m.

With the consent of the members, the Secretary was excused from the reading of the records of the previous meeting. Dr. Daniel V. Troppoli, Secretary of the Association, read his annual report for the year 1949. It was moved, seconded, and adopted that the report be received and placed on file.

Dr. J. Murray Beardsley, Treasurer of the Association, presented his annual report for the year 1949. It was moved, seconded and adopted that the report be received and placed on file.

The Secretary reported for the Executive Committee as follows:

1. At a recent meeting the Executive Committee of the Association voted to continue the Prize Case Report Contest in 1950, requesting that the committee in charge give the contest wider publicity, and that presentations of reports be made at the regular meetings of the Association during the year.

2. The proposal for a Committee on Hospitals and Professional Relations was carefully considered, and the recommendations for such a committee as advanced in the report of the Board of Trustees of the American Medical Association reviewed. The Committee is of the opinion that there is no need for such a committee for this Association and it recommends that none be appointed.

3. The President was authorized to appoint a program committee to plan the scientific meetings of the Association during the year.

The Presidential Address was then delivered by Dr. George W. Waterman, in which he reviewed the activities of the Association during the past year and indicated possible programs that might be attempted in the future.

The Secretary read the proposed slate of officers submitted by the Executive Committee to serve the Association in 1950.

The proposed slate was as follows:

*President*—Ubaldo E. Zambarano, M.D.

*Vice President*—Frank W. Dimmitt, M.D.

*Secretary*—Daniel V. Troppoli, M.D.

*Treasurer*—J. Murray Beardsley, M.D.

*Trustee* (1 year) Herbert E. Harris, M.D.

*Executive Committee* George W. Waterman, M.D.

(4 members for 3 year terms) William A. Horan, M.D.

Francis Chafee, M.D.

Michael J. O'Connor, M.D.

(1 member for 2 year term) Alfred L. Potter, M.D.

#### *Delegates:*

Robert Baldridge, M.D.

J. Murray Beardsley, M.D.

Peter Pineo Chase, M.D.

E. Victor Conrad, M.D.

Frank B. Cutts, M.D.

William P. Davis, M.D.

Donald DeNyse, M.D.

John Dillon, M.D.

William J. H. Fisher, M.D.

David Freedman, M.D.

Herman Grossman, M.D.

Peter Harrington, M.D.

William Horan, M.D.

Russell Hunt, M.D.

Louis I. Kramer, M.D.

Herman A. Lawson, M.D.

Edward McLaughlin, M.D.

Robert Murphy, M.D.

John C. Myrick, M.D.

Joseph C. O'Connell, M.D.

Michael O'Connor, M.D.

Edwin B. O'Reilly, M.D.

Alfred L. Potter, M.D.

Louis Sage, M.D.

Daniel V. Troppoli, M.D.

George W. Waterman, M.D.

The Secretary reported that he had received no counter nominations to the proposed slate of officers, and, therefore, he moved that it be adopted. The motion was seconded and adopted.

Dr. Waterman expressed regret that Dr. Ubaldo E. Zambarano, the new President, was ill and was unable to attend the meeting. He called upon Drs. Marshall Fulton and Harold Williams to serve as a Committee to escort Dr. Frank W. Dimmitt, newly elected Vice President, to the rostrum.

Dr. Dimmitt expressed the thanks for Dr. Zambarano, as well as his own appreciation, for the honors bestowed upon them by the members of the Providence Medical Association. He then presented to the retiring president, Dr. George W. Waterman, an engraved gavel as a gift from the members of the Association.

The Secretary reported the receipt of the communications from the Community Workshops, Inc. and the Providence Veterans Hospital, announcing the meetings to be held during the month, to which members of the Providence Medical Association were invited.

The President announced that the annual reports of the committees as submitted in writing by the various chairmen would be published in the Rhode

*continued on page 90*



*in balance...*

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tract infections**

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**Bibliography:**

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# PROVIDENCE MEDICAL ASSOCIATION

*continued from page 88*

Island Medical Journal; however, he invited any chairman who wished to report orally to do so.

Dr. Edward S. Cameron, Chairman of the Air Pollution Abatement Committee, read the report of his Committee, in which it was recommended that the Providence Medical Association Committee be terminated and that a new Rhode Island Medical Society Committee for Air Pollution Abatement be established. He moved that this recommendation be referred to the Council of the Rhode Island Medical Society for its consideration. The motion was seconded and adopted.

The Secretary reported that the Executive Committee recommends for election to active membership Dr. Arthur B. Kern of Providence. It was moved, seconded, and unanimously passed that Dr. Kern be elected to membership.

The Secretary reported as follows:

The Executive Committee has received and approved the budget proposed by the Treasurer for the Association for 1950, including the usual appropriations and allocations, totalling \$7,775, and it now recommends to the Association that the Annual dues for 1950 for active members be, as



**U. E. ZAMBARANO, M.D.**  
*President, 1950*

**THE PROVIDENCE MEDICAL ASSOCIATION**

# RHODE ISLAND MEDICAL JOURNAL

in the past, \$15, and the dues for Associate members be \$5.

A motion was made, seconded, and unanimously adopted that the proposed budget of the Treasurer be accepted and that the dues for the members of the Association for 1950 be \$15 for active membership and \$5 for Associate membership.

Dr. Waterman introduced as the first guest speaker of the evening, Mr. Nord Kitchen, representing the Providence Junior Chamber of Commerce, who spoke on "THE HOOVER REPORT."

In July 1947, Congress created the Hoover Commission which was given authority to point out areas for improved economy and efficiency in existing organizations, and also to recommend abolishing services not necessary to the efficient conduct of government.

This commission contained twelve men, half democratic and half republican, equally persons in the government and out of it. Our only living ex-president Mr. Hoover was made chairman. This commission created task forces comprising three hundred persons, including former cabinet officers, senators, governors of states, university professors, and business executives. These men worked fourteen months and brought back the most comprehensive study of government in all history. They found good work done by thousands of civil servants in dozens of departments. They also found that endless confusion then resulted from the growth of government. They found enormous waste of money and sinful waste of human effort.

Mr. Hoover estimated that application of the recommendations of the commission would save the nation at least three billion dollars a year.

An example of this lies in the fact that the supply department of one executive agency distributed about \$34,000 worth of stock to its offices. Distribution costs \$22,000. In other words, a \$1.00 item cost the taxpayer \$1.84 by the time it reached the ultimate consumer.

Important recommendations were also made in budgeting and accounting.

Mr. Kitchen urged all-round support of "The Hoover Report."

The second guest speaker was Dr. Joseph C. O'Connell, President of the Rhode Island Medical Society Physicians Service, who discussed the new nonprofit surgical-medical insurance program of the Society.

Dr. O'Connell stated that Dr. Abbate's committee did good work to help us accomplish the agreement with the Blue Cross. While it is a compromise, it protects our interests. Already three hundred physicians have enrolled. He urged the Providence Medical Association to get all its members to enroll. The Rhode Island Medical Society Physicians

*continued on page 92*





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## PROVIDENCE MEDICAL ASSOCIATION

*concluded from page 90*

Service is now working under the board until the first annual meeting.

The Board of Directors is to be the House of Delegates. All of us owe a debt to Drs. Ashworth, Jackvony, and Farrell, who meet weekly and give their time to this corporation.

A question period then followed concerning some of the details of the functions of the plan.

The meeting adjourned at 10:20 p.m.

Attendance was 88.

Collation was served.

Respectfully submitted,

DANIEL V. TROPOLI, M.D.

BRISTOL COUNTY  
MEDICAL ASSOCIATION

The Bristol County Medical Association met Tuesday, January 17, 1950 at 9 P. M. at the Martin Memorial Home in Warren, R. I.

The minutes of the December meeting were read and approved.

Dr. U. Forget was named as an alternate to the House of Delegates for January 18, 1950.

Dr. Bruno reported from the council on the subject of "Jury duty for physicians."

A motion was made and approved that a special meeting be called with Mr. Sheldon and Mr. Mun-

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## RHODE ISLAND MEDICAL JOURNAL

roe, directors of the Warren Industrial Trust Co., for the purpose of discussing the possibility of a Bristol County Hospital.

The speaker of the evening, Dr. Vincent Oddo presented his findings in the following cases of Asymptomatic Haematuria:

1. Female age 30 showed blood in the urine on two occasions, four months previous to her visit to the doctor, and at the time of her visit. Intravenous pyelograms revealed malignancy of one kidney. The differential point of diagnosis was the "CONVEX" appearance of the calices instead of the usual, normal "CONCAVE". Pathological examination after removal showed multiple papillomata of the pelvis and calices.

2. Woman of 55 had mass in left upper quadrant. No pain. She was surprised to see blood in her urine. X-ray showed *Hypernephroma* pressing on the kidney so as to obliterate it, and pushed the kidney down below its usual position in relation to the vertebrae and the level of the right kidney.

3. Woman 70, on cystoscopic examination showed papiloma of urethra. This was removed by cautery.

4. Recurrent calculus in urinary bladder. This calculus was so fragile that it crumbled when touched by cystoscope and was washed out.

A general discussion followed with a period of questions and answers.

Refreshments were served at the close of the meeting.

Meeting adjourned at 11:30 P. M.

Respectfully submitted,

ARCADIE GIURA, M.D., *Secretary*

## PAWTUCKET MEDICAL ASSOCIATION

The regular monthly meeting of the Pawtucket Medical Association was held on December 15, 1949 at 12:00 noon in the Nurses' Auditorium of Memorial Hospital. Eight members, forming a quorum, were present.

As there were no communications and no new business the meeting adjourned until 6:30 P. M. the same day at the Pawtucket Golf Club for the annual Christmas Party.

Twenty-seven members attended, each bringing a small gift of value not less than \$2.00 according to the suggestion of the committee, Dr. Tetreault and Dr. Woodcome.

Dr. Earl Kelley presided as Master of Ceremonies. There was no entertainment but the spirit of the season and good-fellowship made it unnecessary as Dr. Kelley pointed out.

The party adjourned on a motion by the President, Dr. John Gordon, at 10:00 P. M.

Respectfully submitted,

K. W. HENNESSEY, M.D., *Secretary*

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**COMMITTEES OF THE PROVIDENCE**
**MEDICAL ASSOCIATION FOR 1950**


---

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Clifton B. Leech, M.D., *Chairman*  
 Raymond F. Hacking, M.D.  
 William A. Horan, M.D.  
 Louis A. Sage, M.D.  
 Edwin B. Gammell, M.D.  
 Catherine Zouraboff, M.D.  
 William P. Shields, M.D.

*Committee on Entertainment*

William J. H. Fischer, M.D., *Chairman*  
 Nathan A. Bolotow, M.D.  
 Herman P. Grossman, M.D.  
 Ralph DiLeone, M.D.  
 Harry E. Darrah, M.D.

*Committee on Ethics and Deportment*

John G. Walsh, M.D., *Chairman*  
 Robert H. Whitmarsh, M.D.  
 Marshall Fulton, M.D.  
 E. Victor Conrad, M.D.  
 Michael J. O'Connor, M.D.  
 Laurence A. Martineau, M.D.  
 Henry F. McCusker, M.D.  
 William Fain, M.D.

*Committee on Legislation*

James Fagan, M.D., *Chairman*  
 Albert H. Jackvony, M.D.  
 Henry S. Joyce, M.D.  
 U. E. Zambarano, M.D.

*Medical Milk Commission*

Frank I. Matteo, M.D.  
 Reuben C. Bates, M.D.  
 John Langdon, M.D.  
 Henry E. Utter, M.D.  
 D. William Bell, M.D.  
 Thomas J. Dolan, M.D.  
 Harold Calder, M.D.  
 Walter S. Jones, M.D.

*Committee on Pre-School Examinations*

Joseph Smith, M.D., *Chairman*  
 Charles B. Lewis, M.D.  
 Robert M. Lord, M.D.  
 Merle M. Potter, M.D.  
 John T. Monahan, M.D.  
 Morris Botvin, M.D.  
 Amy Russell, M.D.

*Committee on Public Relations*

Morris Botvin, M.D., *Chairman*  
 Charles J. Ashworth, M.D.  
 Clifton B. Leech, M.D.

*Reading Room Committee*

Russell R. Hunt, M.D., *Chairman*  
 F. Charles Hanson, M.D.  
 Jacob Greenstein, M.D.

*Committee on Tuberculosis*

John C. Ham, M.D., *Chairman*  
 Ubaldo E. Zambarano, M.D.  
 Joseph N. Corsello, M.D.  
 Peter F. Harrington, M.D.  
 Florence M. Ross, M.D.  
 James P. Deery, M.D.  
 Frank A. Merlino, M.D.  
 J. Murray Beardsley, M.D.

*Prize Case Report Contest Committee*

Clarence E. Bird, M.D., *Chairman*  
 Frank B. Cutts, M.D.  
 Frederick Burns, M.D.  
 Louis I. Kramer, M.D.  
 Robert H. Whitmarsh, M.D.  
 Robert Baldrige, M.D.  
 Michael DiMaio, M.D.

*Committee to Study a Group Health and Accident Plan*

Robert G. Murphy, M.D., *Chairman*  
 Emanuel Benjamin, M.D.  
 James H. Cox, M.D.

*Telephone Committee*

John G. Walsh, M.D., *Chairman*  
 William P. D'Ugo, M.D.  
 E. Victor Conrad, M.D.  
 Nathan Rakatansky, M.D.  
 Henry S. Joyce, M.D.  
 J. Murray Beardsley, M.D.

*Program Committee*

Ubaldo E. Zambarano, M.D., *Chairman*  
 George W. Waterman, M.D.  
 Frank W. Dimmitt, M.D.  
 Ernest D. Thompson, M.D.  
 Emery Porter, M.D.  
 Francis H. Chafee, M.D.  
 Michael DiMaio, M.D.  
 Robert M. Lord, M.D.

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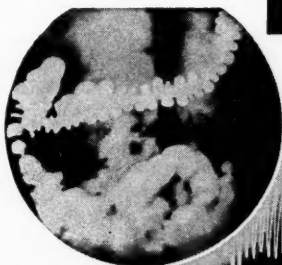

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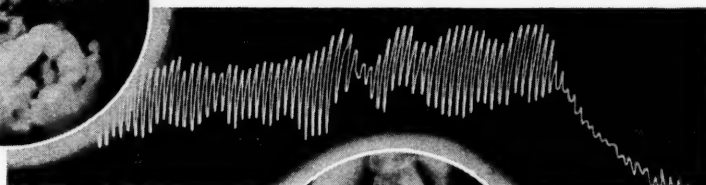
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## ANNUAL REPORTS — 1949

## THE PROVIDENCE MEDICAL ASSOCIATION

## ANNUAL REPORT OF THE SECRETARY

The Association has enjoyed a very active and successful year. Its many committees have worked effectively in the interests of the membership and the public in general. We have witnessed the establishment under the auspices of the Association of an excellently-operated Medical Bureau to provide 24 hour telephone secretarial service. This new Bureau, started on September 1, has already demonstrated its great value to the physicians, and also to the public. Emergency medical calls have been handled through the Bureau as a public service.

During the year a group health and accident insurance policy was approved by the Association's committee and subsequently adopted by the membership with approximately 300 physicians now enrolled.

Seven meetings were held directly under the auspices of the Association, and in addition two joint meetings were held with the Rhode Island Medical Society, one at the Naval Air Station at Quonset in February, and the other at Newport in December. A special meeting was held on September 27 to discuss the new surgical-medical insurance plan adopted by the Rhode Island Medical Society. This program, patterned after similar ones operating successfully in other states, has been developed in great measure through the efforts of members of this Association who have served on committees of the State Medical Society.

A most successful annual dinner and golf tournament was held in September at the Ledgemont Country Club in Seekonk, for which the Committee on Entertainment is to be particularly commended.

The average attendance at meetings of the Association in 1949 was 90. The programs presented were as follows:

January 3—Presidential Address. Philip Batchelder, M.D. "Floculation Tests in Liver Disease." Robert V. Lewis, M.D., Haffenreffer Fellow in Medicine, Brown University and Rhode Island Hospital. "Medical Public Relations—The AMA and The Rhode Island Medical Society." Charles L. Farrell, M.D., Chairman, Committee on Public Policy and Relations of the Rhode Island Medical Society.

February 2—"Some Aspects of Aviation Medicine." Captain Julius C. Early, Jr., MC, USN, Staff Member, Division of Aviation Medicine, Bureau of Medicine and Surgery, Navy Department of Washington, D. C. "Medical Aspects of Atomic Warfare." Captain Charles F. Behrens, MC, USN, Medical Officer in Command, Naval Research Institute, Bethesda, Maryland.

March 7—"Red Cross Activities." Lucius C. Kingman, M.D., Member Executive Committee, Providence Chapter, A. R. C. "First Aid Program." Mr. Carl V. Slader, Director of Safety Services, Providence Chapter, A. R. C. "First Aid By Police." Superintendent E. Ralph Bonat, R. I. State Police. "The Rescue Squad." Mr. Charles E. Quinn, Chairman Committee on Disaster and Rescue, Governor's Fire Prevention Conference. Demonstration: Lt. Charles Potter, Providence Fire Department. "National Blood Program of the Ameri-

can Red Cross." Mr. Charles G. McEachram, Program Director, North Atlantic Area, A. R. C.

April 4—"Kaposi's Varicelliform Eruption." Stanley S. Freedman, M.D., Associate Physician, Department of Pediatrics, R. I. Hospital, and John T. Barrett, M.D., Senior Resident, Department of Pediatrics, R. I. Hospital. "Recent Trends in Surgery of the Thorax." J. Murray Beardsley, M.D., Visiting Surgeon, R. I. Hospital.

May 2—"The Providence Veterans Administration Hospital." William Sullivan, M.D., Superintendent. "Health Insurance—Voluntary or Compulsory?" Charles J. Ashworth, M.D., Member, Committee on Public Policy and Relations, R. I. Medical Society.

October 3—"The Diabetes Detection Program." Louis I. Kramer, M.D., Chairman, Committee on Diabetes, R. I. Medical Society. "Treatment of Malignant Lymphomas with Nitrogen Mustard." Herman A. Lawson, M.D., Chief, Medical Services, U. S. Veterans Hospital. William J. H. Fischer, M.D., Assistant Physician, Out-patient Department, R. I. Hospital. "Prepaid Surgical Insurance for Rhode Island." Charles J. Ashworth, M.D., President-Elect, R. I. Medical Society; Member, Health Insurance Committee.

November 7—"Carcinoma of the Tongue." Thomas Perry, M.D., Assistant Surgeon, Out-patient Department, R. I. Hospital. "Spontaneous Rupture of the Abdominal Aorta with Report of a Case." Seebert J. Goldowsky, M.D., Assistant Surgeon, R. I. Hospital.

December 14—"The Basis for Oxygen Therapy." Meyer Saklad, M.D., Chief Anaesthetist, Department of Anaesthesia, Rhode Island Hospital. "The Emotional Factor in the Practice of Medicine." Wingate M. Johnson, M.D., of Winston-Salem, North Carolina. "Sickness Insurance in Scandinavia and England." Creighton Barker, M.D., of New Haven, Connecticut.

The Executive Committee held four meetings during the year to act upon matters relating to the operation of the Association. Included in its work was the review, with subsequent approval, of the applications of ten physicians for active membership, two for associate membership, three for transfer to other medical societies outside Rhode Island, and the exemption of seven members from dues by reason of their age or illness.

During the year the following members of the Association died:

Michael J. Nestor, M.D., (January 9)  
Edwin G. Thompson, M.D., (May 11)  
John A. Gormly, M.D., (August 18)  
Stephen A. Welch, M.D., (September 7)  
Edward L. Myers, M.D., (November 10)  
John A. Young, M.D., (December 6)  
James F. McGinn, M.D., (December 31)

This is merely a summary report by your Secretary. A careful reading of the reports of the various committees

*continued on page 98*

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## RHODE ISLAND MEDICAL JOURNAL

### ANNUAL REPORTS—1949

*continued from page 96*

which will be published in the RHODE ISLAND MEDICAL JOURNAL within the next month will give further insight into the many activities carried forward for the membership during the year.

Respectfully submitted,  
DANIEL V. TROPPOLI, M.D., *Secretary*

### ANNUAL REPORT OF THE TREASURER — 1949

#### RECEIPTS:

Cash balance on hand, January 1, 1949 .....	\$1,103.71
1949 dues and miscellaneous receipts .....	7,395.00
	<hr/> \$8,498.71

#### EXPENSES:

Committees .....	\$ 249.20
Collations .....	275.00
General Expenses .....	833.81
Journals .....	625.54
Library (night attendant) .....	291.00
Medical Bureau .....	1,400.03
Office Supplies .....	31.27
Postage and Printing .....	529.50
R. I. Medical Society .....	1,552.89
Salaries .....	1,791.40
Taxes .....	356.72
Telephone .....	229.06
	<hr/> \$8,165.42

Cash on hand, January 1, 1950 .....	\$ 333.29
Invested U. S. Treasury Bonds .....	2,740.00

Total assets, January 1, 1950 .....

\$3,073.29

J. M. BEARDSLEY, M.D., *Treasurer*

### ADVISORY COMMITTEE TO THE COMMUNITY WORKSHOPS

During 1949 there has been no meeting of the full committee. The Executive Committee of the Community Workshops has consulted the chairman of your committee on occasion, and members of your committee have assisted the Community Workshops in a number of matters which did not require concerted action.

CLIFTON B. LEECH, M.D., *Chairman*  
RAYMOND F. HACKING, M.D.  
WILLIAM A. HORAN, M.D.  
LOUIS A. SAGE, M.D.  
NATHAN A. BOLOTOW, M.D.  
CATHERINE ZOURABOFF, M.D.  
JOHN LANGDON, M.D.

### COMMITTEE ON LEGISLATION

The Committee on Legislation of the Providence Medical Association has held no formal meeting during the past year. Through arrangement with the Mayor's office, various items pertaining to health which were to appear or had appeared before the City Council were called to our attention. We were aware of none that were of controversial nature and therefore no action was undertaken.

FRANK B. CUTTS, M.D., *Chairman*  
ALBERT H. JACKVONY, M.D.  
JAMES FAGAN, M.D.  
HENRY S. JOYCE, M.D.  
UBALDO E. ZAMBARANO, M.D.

## AIR POLLUTION ABATEMENT

A program for Air Pollution Abatement in this city was started by the Providence Medical Association in January 1945 under the presidency of Dr. B. Earl Clarke.

During this five year period interest has been stimulated and your committee, representatives of the Providence Chamber of Commerce, and other civic groups assisted the City of Providence in the adoption of a modern ordinance for control of Air Pollution.

This ordinance was legalized just three years ago and during this period the city has made a laudable effort toward enforcement.

Three members of your committee, Drs. Burgess, Corvese, and Cameron have represented the Providence Medical Association in public meetings on Air Pollution control in the past year.

The Providence Journal Company is to be commended for its continued support of the program.

The Providence League of Women Voters has been especially active in support of the effort to clear the air of Providence. A Smoke Abatement Forum opened to the public was held by this organization in this city last October 27.

Mr. William G. Christy, of New Jersey, an expert in the field of Air Pollution Abatement, gave a number of valuable suggestions at this meeting. Mr. Christy believes that the program in Rhode Island should be regional and not local. His written report to the League of Women Voters contains the following paragraph.

"Program should be regional. Air Pollution knows no political or governmental boundary lines. Providence will never have clean air until there are air pollution laws and regulations in your Metropolitan district. If all the sources in your City are cleaned up, smoke, dust and fumes would still blow over Providence from the municipalities around it. The best way to accomplish this in your community is to have State Legislation."

This would seem to be a logical viewpoint in consideration of this state's geographical pattern.

Conclusions:—It is felt that progress has been made in clearing our Providence air but that much continued effort is needed to achieve satisfactory results.

A State Enabling Act for control of Air Pollution throughout the state came out of a sub-committee composed of members of the Chamber of Commerce and Providence Medical Association and was passed by the General Assembly in 1946. We recommend at this time that the present Providence Medical Association committee be terminated and that a new Rhode Island State Medical Society Committee for Air Pollution Abatement be set up.

FRANK M. ADAMS, M.D.

ALEX M. BURGESS, M.D.

EDWARD BURKE, M.D.

ANTHONY CORVESE, M.D.

EDWARD S. CAMERON, M.D., *Chairman*

## PRE-SCHOOL EXAMINATIONS

The Committee on Pre-school examinations held a meeting in April 1949 and discussed the ways and means of emphasizing pre-school examinations for children about to enter schools. The success of the summer "Round Up" program depends upon two factors, namely; the activity of the Parent-Teacher's Association and the insistence on the part of the School authorities on having such a record as a requisite for admission to school. In the smaller communities around Providence this program is very successful because the single Physician is also the School Physician and it is a very simple matter to organize community spirit and carry this program through to a success-

*continued on next page*

ammonia dermatitis

# DIAPER RASH

*Diaparene*

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THE ANTI-AMMONIACAL RINSE FOR NIGHT DIAPERS

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ful completion. However, in the City of Providence, this program is not so successful due to the fact that there are hundreds of Physicians and numerous schools that are involved in this particular program. An added factor is the School Health Program itself. School children in both public and parochial schools in the City of Providence receive routine physical examinations in the first, fourth, seventh and eleventh grades. A generation ago such examinations had the educational value of showing people the necessity for routine regular physical examinations. Today, however, the individuals begin to think of these school examinations in terms of socialized medicine. As a result parents do not feel that they should take their children to their private physician just before school opens for a simple physical check-up, since the child will receive such check-up at no expense to them in the public or parochial schools.

This Committee feels that in order to advance the pre-school examination program on a firm and sound basis, it will be necessary to re-evaluate and replan our school health program along different lines than has been done in the past.

The Superintendent of Health of the City of Providence, in accordance with the above line of planning, will set up a pilot program in two or three of the Parochial schools whose health supervision is under the Health Department, whereby the children in the first, fourth, seventh and eleventh grades will be examined by their private physician or pediatrician and will bring the record of such examination to the school to be entered on the health record card of that particular child. This will require the co-operation of the Medical Profession. The members of this Society must realize that the success of this program depends on

them and their co-operation in filling out the required health records of the examinations. Should this pilot program fail because of lack of co-operation from the private physician, then the Department of Health will be forced to return to the present system of school examinations or some similar system which would be more extensive. The result of such an extension would be State Medicine.

JOSEPH SMITH, M.D., *Chairman*

CHARLES B. LEWIS, M.D.

ROBERT M. LORD, M.D.

MERLE M. POTTER, M.D.

JOHN T. MONAHAN, M.D.

MORRIS BOTVIN, M.D.

#### PRIZE CASE REPORT CONTEST

In the report of this committee for last year it was pointed out that in spite of adequate publicity the contest had aroused little interest and that only two case reports had been submitted during 1948. It was suggested that the Association give serious thought to discontinuance of the contest unless a considerable number of reports were forthcoming in 1949. This year only one paper was submitted and the report was unacceptable to the committee for presentation before the Association.

It is recommended, therefore, that no prizes be awarded for 1949, and that the contest, at least in its present form, be discontinued.

CLARENCE E. BIRD, M.D., *Chairman*

FRANK B. CUTTS, M.D.

ALBERT H. JACKVONY, M.D.

LOUIS I. KRAMER, M.D.

ROBERT H. WHITMARSH, M.D.

*continued on page 102*

DRINK  
**Coca-Cola**  
REG. U.S. PAT. OFF.

**You trust  
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*Throat Specialists report on 30-day test of Camel smokers:*



## "Not one single case of throat irritation due to smoking Camels!"

Yes, these were the findings of throat specialists after a total of 2,470 weekly examinations of the throats of hundreds of men and women who smoked Camels—and only Camels—for 30 consecutive days.

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

*Long Island housewife Edna Wright, one of the hundreds of people from coast to coast who made the 30-day Camel mildness test under the observation of throat specialists.*



MY DOCTOR'S  
REPORT WAS NO SURPRISE  
TO ME...CAMELS AGREED  
WITH MY THROAT  
RIGHT FROM THE START!  
AND CAMELS MAKE  
SMOKING SUCH  
WONDERFUL FUN!



*According to a Nationwide survey:*

## More Doctors Smoke Camels than any other cigarette

Yes, doctors smoke for pleasure, too! In a nationwide survey, three independent research organizations asked 113,597 doctors what cigarette they smoked. The brand named most was Camel!

## REPORT OF THE MILK COMMISSION OF THE PROVIDENCE MEDICAL ASSOCIATION, 1949

**C**ERTIFIED MILK in Providence during 1949 was obtained from the following farms: Cherry Hill Farm, North Beverly, Mass.; Fair Oaks Farm, Lincoln, R. I.; Hampshire Hills Farm, Wilton, N. H.; Walker-Gordon Farm, Charles River, Mass.

Through the courtesy and co-operation of the Boston Commission we have accepted their certification of two farms from Massachusetts and one from New Hampshire.

Bacteriological and chemical examinations of certified milk are made in the laboratories of Brown University under the supervision of Professor Charles Stuart.

All of the herds are under State and Federal supervision and are free from Tuberculosis and Brucella abortus infections.

The legal standard for Pasteurized Certified milk in Providence is 500 colonies per cc, and the actual count in all samples examined by your Commission the past year has been 22 colonies per cc. The count on raw certified milk the past year has been 4,069 per cc. while the legal limit in Providence is 10,000 colonies per cc. The credit for this splendid record belongs to the producers of this quality milk.

The American Association of Medical Milk Commissions in their Methods and Standards for the Production of Certified Milk, require that each producer shall make or have made, once per month, a titration of Brucella agglutinins in the whey of the milk, whether the milk is raw or pasteurized.

This is being done on Certified milk at Fair Oaks Farm and the results to date have been excellent.

Certified milk shall have a coliform colony count of not more than 10 per ml. before pasteurization and must be less than 1 per ml. in route samples as delivered to consumers. During the past year practically all of the samples examined in our laboratory have conformed to this regulation.

During the past year considerable interest in milk has been manifested by various groups in the State. Many people ask how it is possible to produce such a fine milk with low bacterial counts and practically free from Coliform organisms. The presence of these organisms in unpasteurized milk usually indicates unclean milking, contaminated utensils or improper handling of milk. Rarely they may come from infected udders. Their presence in pasteurized milk indicates improper pasteurization or contamination of the milk after pasteurization. Properly pasteurized milk should contain no organisms of the coli-areogenes group.

The Commission is indebted to Professor Stuart of Brown University for his continued cooperation in supervising our laboratory work at Brown University.

HAROLD G. CALDER, M.D., *Chairman*

REUBEN C. BATES, M.D. *Secretary*

D. WM. BELL, M.D.      JOHN LANGDON, M.D.

THOMAS J. DOLAN, M.D.      FRANK I. MATTEO, M.D.

WALTER S. JONES, M.D.      HENRY E. UTTER, M.D.

### MONTHLY AVERAGES OF CERTIFIED MILK FOR 1949

	CHERRY HILL H. P. HOOD			FAIROAKS						HAMPSHIRE HILLS			WALKER- GORDON		
	Pasteurized			Raw			Pasteurized			Pasteurized			Vit. D. Pasteurized		
	B.F.	T.S.	Bac- teria per C.C.	B.F.	T.S.	Bac- teria per C.C.	B.F.	T.S.	Bac- teria per C.C.	B.F.	T.S.	Bac- teria per C.C.	B.F.	T.S.	Bac- teria per C.C.
January	3.9	12.40	18	4.4	13.35	4,455	4.0	12.91	11	4.1	12.76	171	3.9	12.40	17
February	4.0	12.40	10	4.4	13.22	2,935	3.8	12.67	11	4.0	12.64	57	4.0	12.39	17
March	3.8	12.25	10	4.0	12.87	2,695	3.8	12.56	6	4.1	12.79	50	4.2	12.58	51
April	3.8	12.23	8	4.1	12.86	2,871	3.8	12.54	9	4.1	12.79	79	4.0	12.41	34
May	3.8	12.24	15	4.0	12.72	2,277	3.9	12.67	9	4.0	12.72	27	4.1	12.43	15
June	3.8	12.37	4	4.4	13.11	4,044	3.7	12.42	5	3.9	12.53	7	3.8	12.19	12
July	3.8	12.33	8	4.0	12.74	3,508	3.7	12.56	19	3.9	12.55	21	3.7	12.15	6
August	3.9	12.49	34	4.2	13.06	3,212	4.0	12.85	73	4.1	12.96	14	3.9	12.40	14
September	3.9	12.57	4	4.2	13.01	2,438	3.9	12.59	22	4.1	12.96	5	4.7	13.12	23
October	3.9	12.53	6	4.3	13.35	4,452	4.1	13.05	14	4.2	13.11	4	4.2	12.91	14
November	3.8	12.47	10	4.5	13.00	10,550	4.1	12.69	26	4.2	12.85	5	3.9	12.27	11
December	4.0	12.82	50	4.2	13.05	5,400	4.1	12.92	9	4.1	12.98	17	4.1	12.84	10
Yearly Average	3.9	12.42	14	4.2	13.02	4,069	3.9	12.70	18	4.0	12.80	38	4.0	12.50	19

## PUBLIC RELATIONS

The Public Relations Committee of the Providence Medical Association has allied itself and its work very closely with the Public Policy and Relations Committee of the R. I. Medical Society. The members of the committee of the association are all members of the same committee of the state society, and have attended the meetings of the latter committee and assisted in its program to improve our local medical public relations and to foster and promote the present educational program of the American Medical Association. This program is aimed at making the general public more cognizant of the disadvantages and dangers to their health and their freedom inherent in any program of federal-controlled, compulsory health insurance or socialized medicine.

At the meeting of the association held on May 2, 1949, the committee had introduced a resolution which was adopted by the association and which placed it on record as being opposed to "any form of compulsory health insurance or any system of political medicine designed for national bureaucratic control." Copies of this resolution were sent to the A.M.A., and to each senator and representative from the state of R. I.

The committee feels that the time has come when the individual practitioner of medicine himself must pay more attention to public relations. Good medical public relations begin in the office of each and every physician. Further, it has recommended that more of the association's meetings be devoted to presentation and discussion of current trends and problems in medical economics and public relations. In this way only can more interest on the part of each individual practitioner be created. Educational efforts should rightly "begin at home."

Lastly, it is strongly urged that those members who have not already done so, remit at once their contribution

of \$25.00 to the educational program of the A.M.A. It is a very small price to pay for the future freedom of our profession and of our country itself.

MORRIS BOTVIN, M.D., *Chairman*  
CHARLES J. ASHWORTH, M.D.  
CLIFTON B. LEECH, M.D.

## READING ROOM

The Association paid for subscriptions for 35 journals during 1949. A new periodical, the ARCHIVES OF INDUSTRIAL HYGIENE AND OCCUPATIONAL MEDICINE published by the American Medical Association, has been ordered for 1950. This journal takes the place of OCCUPATIONAL MEDICINE which has ceased publication.

The Reading Room was open 98 evenings during 1949 with a total of 315 visitors. Of these, 111 were physicians. The evening hours are busiest during the midwinter school holidays and in May when many students use the facilities of the Library in gathering material for term papers.

One hundred and fifty-three volumes of journals were bound during the year; seven volumes are at the bindery at the present time.

FRANCIS V. GARSIDE, M.D., *Chairman*  
HUGH E. KIENE, M.D.  
EDMUND A. SAYER, M.D.

## TELEPHONE BUREAU

On September 1 the new 24-hour telephone secretarial service was inaugurated for approximately 160 members of the Association. This Medical Bureau culminated long studies by committees of the Association through the

*continued on next page*

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years, and in the four months of its operation it has fully justified all the predictions made for its success.

Under the supervision of Mrs. Mary H. Beagan, and a staff of seven operators, the Bureau has made rapid progress from the difficult starting stage until now it has won wide approval by the membership. The number of subscribers with a private loop now totals 175, and new members are joining weekly. In the immediate future the Bureau will make available to members of the Association an alternate listing service to be effective with the release of the 1950 telephone directory.

In addition to its service for the profession the Bureau has expanded its activities to handle emergency calls for the services of physicians. More than 350 such calls had been serviced in the first four months of operation, with physicians from a class list compiled by the Association answering the emergencies. The tremendous value of this community service cannot be rated too highly. It is a program that warrants the active support of all members who should register to accept their share of emergency calls from the greater Providence area.

The initial expense for establishing suitable facilities for the Bureau in the basement room of the Medical Library has been borne by the Association and the Rhode Island Medical Society, and as the Bureau progresses this debt will have to be cleared. The Bureau is presently spending practically all its income in its effort to provide the most efficient round-the-clock service to its subscribers.

JOHN G. WALSH, M.D., *Chairman*

HENRY S. JOYCE, M.D.

E. VICTOR CONRAD, M.D.

NATHAN S. RAKATANSKY, M.D.

WILLIAM P. D'Ugo, M.D.

### TUBERCULOSIS

This year, your Committee has been interested primarily in following up its interest in tuberculosis control in various groups of people. Last year, our interest was aroused in the matter of tuberculosis control in the schools of Rhode Island, and this year, after discussing the matter with Public Health officials and educational leaders in the State and reviewing the programs followed out elsewhere, we have developed a program for this State, which has been presented to the Rhode Island Department of Education. Dr. Michael Walsh, the Director of this Department, has been most cooperative and has expressed a real interest in the program. He has encouraged its use in the schools throughout the State, and the Tuberculosis Committee has offered its services in any way that it can be helpful in carrying out the procedures involved.

As usual, the activities of this Committee have been carried on in conjunction with the Committee on Tuberculosis of the Rhode Island Medical Society.

The following is a copy of the report and recommendations for control of tuberculosis in our schools:

There are several reports of cases of active tuberculosis in adults intimately associated with institutions where considerable numbers of people of school age congregate. These reports have shown a high tuberculosis morbidity and mortality among the young people with whom these adults came in contact.

Thus, it is seen that the grouping of large numbers of young people in schools give a large potentially fertile field for the spread of tuberculosis. One tuberculous individual in this environment is more likely to spread tuberculosis than is a similar individual in most other enterprises.

There are obvious reasons for this: 1) Contact is frequently intimate. 2) Contact is frequently prolonged. 3) This intimate prolonged contact is usually with a considerable number of people and 4) these people are young and consequently highly susceptible to tuberculous infection and disease.

If for no other reason than the above, it is desirable that a careful and systematic routine of chest x-raying be carried out on all adults that come in intimate contact with institutional groups of people of school age. Besides this reason, however, there are others. Firstly, it gives a high degree of protection to the individual who is x-rayed by way of revealing lesions of tuberculosis and other chest conditions in an early and treatable stage; secondly, there is considerable educational value from a public health point of view.

Therefore, we emphatically recommend the following program to be carried out systematically in our colleges — State, classical, and business; our schools — public, parochial, and private, and in any other institutions, associations, or groups where people of school age congregate, especially within doors:

1. All persons who in their employment come into close contact with organized groups of people of school age should have a medical examination that includes an x-ray of the chest at the time of first employment.

2. An x-ray of the chest should be repeated at annual intervals during their employment and at such other time as there may be symptoms reasonably suggestive of a persistent disease of the lungs, e. g., a) cough lasting two weeks, b) severe sharp chest pain without other obvious cause, c) spitting of blood, d) unexplained loss of weight.

3. Any person showing suggestive evidence of active tuberculosis should sever this intimate contact until whatever diagnostic studies that may be indicated have been carried out to prove or disprove the presence of such condition.

4. If these studies indicate the presence of active tuberculosis, the severance of contact should be maintained.

5. Contact should be resumed only after the disease has become "arrested." The Director of Tuberculosis Control having jurisdiction in the area involved should have the authority to require corroborative opinion through his own office or that of a recognized chest physician before contact is resumed.

6. After resumption of contact, the previously recommended examinations should be carried out at a minimum of three months' intervals for the first year and at six months' intervals for the next two years, and, if indicated, may remain under the supervision of the Director of Tuberculosis Control for a longer period.

*continued on page 111*

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*Druggists*

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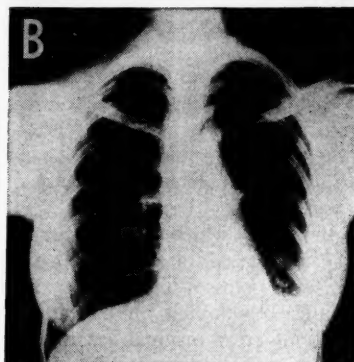
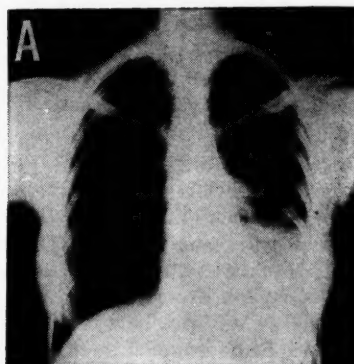
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# Effective Chemotherapy in TUBERCULOSIS

Streptomycin or Dihydrostreptomycin, used alone or in combination with para-aminosalicylic acid, is recognized as a valuable and, in some instances, an essential adjuvant in the treatment of selected types and stages of tuberculosis.

Para-aminosalicylic acid is capable of inhibiting or significantly delaying the emergence of bacterial resistance to streptomycin or dihydrostreptomycin.

These drugs are not to be regarded as substitutes for traditional therapeutic methods. Rather, they serve best when properly integrated with bed rest and, where necessary, collapse measures or other forms of surgery.



## A. Before Treatment

(9 days prior to Dihydrostreptomycin therapy) Diffuse lobular tuberculous pneumonia, lower half of left lung; thin-walled cavity above hilus (3 x 3.5 cm.).

## B. After 3 Mos. Treatment

(2 days after discontinuance of Dihydrostreptomycin) Considerable clearing of acute exudative process in the diseased lung; cavity smaller and wall thinner.

Detailed literature on the subject of chemotherapy in tuberculosis will be supplied upon request.



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## BOOK REVIEWS

*AESCULAPIUS COMES TO THE COLONIES* by Maurice Bear Gordon, M.D. Cloth. Price, \$10. Pp. 560 Ventnor Publishers, Inc., Ventnor, N. J.

In this splendidly printed and generously illustrated book, Dr. Maurice B. Gordon presents the first comprehensive survey of the history of medicine in the thirteen original colonies. The book was written during the busiest period of the author's professional life; he tells us that until its completion, whether his day's work ended at 10:00 P.M., midnight or 2:00 A.M., he made it his habit to devote at least two hours in each twenty-four to the pursuit of this study. The result is a comprehensive story of the founding fathers of American medicine.

Dr. Gordon writes no mere dry narrative of the lives and professional activities of colonial doctors; he spreads a wider canvas and describes, for each colony, the social and political environment in which our medical forebears lived and worked. In colonial times many doctors were greatly interested in politics, an interest which accounts for the fact that five physicians signed the Declaration of Independence. Of these political interests the author writes entertainingly, employing for his purpose numerous quotations from original accounts, the reproduction of colonial documents, the use of illustrations pertaining to colonial medicine, and abstracts from contemporary newspaper articles and advertisements. Many of these sources are reproduced as illustrations, so that the book contains perhaps the most complete collection to date of illustrations pertaining to colonial medicine.

Those of us who practice in Rhode Island will naturally wish to know what the author has to say about colonial medicine in this state. The chapter on Rhode Island runs to thirty-two pages and gives an account accurate, if brief, of men and events in colonial days. It was the great seaports in colonial America that became the leading medical centers. It should not be forgotten that after the ports of New York, Philadelphia, Charleston and Boston came Newport which was not far behind as a port of entry. It was the second port of New England, Boston alone outranking it. In Newport resided Dr. John Clarke, physician and theologian who was banished from Boston with Roger Williams. To Newport came also Bishop Berkeley and his famous

tar water which he proclaimed would "cure or relieve most, if not all diseases." With his friends the Bishop founded the company of the Redwood Library, of which Ezra Styles, Congregational minister, later the president of Yale College and "the most learned man in America", was for many years the librarian. It was Ezra Styles who played a leading part in the establishment of Rhode Island College (Brown University) in 1764. An interesting entry in the diary of the Redwood family reads as follows: When the establishment of a college at Rhode Island was first contemplated, by certain persons of the Baptist Society (a people who have panted after learning in order to be able to give a reason for the faith that is in them) Mr. Redwood was applied for aid, when he offered to give a thousand pounds sterling, on condition that it would be erected on Rhode Island. But an association of wealthy individuals in the town of Providence, chiefly of the family of the Browns offered still more, which happily fixed its location there.

William Hunter age twenty-two, who had studied medicine at Leyden arrived in America in 1752. He settled in Newport where he became a prominent practitioner, the first male accoucheur in the colony and the first in America to give a systematic, advertised course of public lectures on anatomy and surgery. The lectures were given in the Old Colony (State) House. Newport was the birthplace of the gifted Benjamin Waterhouse, the first professor of theory and practice of medicine in Harvard Medical College and one of the earliest advocates of vaccination in the colonies.

By 1800 the Providence population had increased to 7614 from 3452 in 1748. The leading medical luminaries were the Bowens and Drs. Drowne, Throop and Wheaton. When Rhode Island College was moved from Warren to Providence in 1770 it became Brown University and was empowered to confer degrees in theology, law and medicine. Its first exercise of this power was the conferring of the degree of M.D. on Solomon Drowne.

From many interesting items concerning medicine and physicians in colonial Rhode Island we have selected the above merely to illustrate how well Dr. Gordon has covered the story of colonial medicine in our state. The chapters on the other colonies are equally entertaining and informative.

continued on page 109

**BOOK REVIEWS**  
*continued from page 106*

There is an excellent bibliography and a helpful index.

When Aesculapius came to the colonies he brought with him, to be sure, not much in the way of scientific medicine, but a goodly supply of manliness, resourcefulness and courage, tintured now and then, with not a little jealousy and vindictiveness. However, in a rugged country, against great odds, he did a commendable job, the story of which we, in a leisure hour, may read to our advantage in Dr. Gordon's excellent book.

JOHN E. DONLEY, M.D.

**DISEASES OF THE HEART** by Charles K. Friedberg, M.D. W. B. Saunders Company, Phil., 1949. \$11.50.

This book is no pocket edition or "primer". It consists of 1081 good sized pages which are divided into six sections and forty-nine chapters. The various sections are headed as follows: 1) Circulatory Failure. 2) Cardiac Arrhythmias. 3) The Coronary Circulation and Disturbances In Cardiac Blood Supply. 4) Structural Abnormalities of the Heart. 5) Etiologic Forms of Heart Disease. 6) Special Problems In Heart Disease, the last including a discussion of pregnancy and heart disease; the cardiac patient as a surgical risk; and insurance and medicolegal problems in cardiac disease. The discussion is full and, at times, rather complicated. For example, on page 54 in discussing cardiac failure this sentence appears: "Recent studies indicating that muscular contraction occurs through physical changes in the actomyosin system, that potassium is released from actomyosin in the presence of acetylcholine and that the splitting of adenosinetriphosphate supplies the energy for recharging may also yield information as to cardiac contraction and myocardial disturbance in heart failure." To the reviewer such sentences were fully as confusing as they were clarifying.

The book is completely up to date and the author has obviously gone to great pains to include all recent developments. For example, there is an adequate discussion of Thiomerin as a diuretic, the newest concept for the origin of auricular flutter is well included, and the use of Dicumarol is briefly detailed. A few minor errors were noted such as the fact that in Fig. 23A an example of 2-1 heart block is labeled merely as a prolonged P-R interval, and Fig. 23B is upside down in the illustration. In general, however, the diagnostic and therapeutic recommendations are sound and according to well recognized concepts. The book is sturdily bound, the paper and printing are excellent, and the illustrations are clearly reproduced. The illustrations,

incidently, consist almost entirely of electrocardiograms and reproductions of x-ray photographs. It is possible that words could be reduced and clarity improved if more illustrations and diagrams were included illustrating structural and pathological abnormalities. The reviewer was particularly impressed by the excellent bibliography which follows each chapter. This adds very considerably to the value of the book. The volume is well indexed.

In the preface the author states "This book endeavors to provide a comprehensive and integrated exposition of the diseases of the heart." In general he fulfills his purpose. The book is of value and can be recommended to the more advanced student or one particularly interested in cardio-vascular disease. A beginner or a general practitioner with only casual interest in heart disease will find the going heavy.

FRANK B. CUTTS, M.D.

**MEDICINE THROUGHOUT ANTIQUITY**  
by Benjamin Lee Gordon, M.D. Published by F. A. Davis Company.

This is a handsomely gotten up book of some 800 pages, well-printed on glossy paper which lends itself to the many interesting illustrations. I doubt if it is read by large numbers of people. It is exceedingly erudite. Dr. Gordon must be a great scholar and, of course, a tremendous worker.

He starts with prehistoric medicine. That means that the early part of his book is founded largely on surmising from what we can learn from old bones found in caves, and we are really getting quite modern when we get around to Egyptian hieroglyphics. The books carries us through the time of Galen, who was born in A. D. 131. We should consider that the study of what the author calls the paleolithic evidence of the antiquity of medicine was rather anthropology.

When we get down to the period when writing came in then there was some real evidence of crude medicine. He talks of a good number of definite periods as that of ancient Egypt, China, the Hebrews and the Greeks.

It would make an excellent book for curious minded doctors, although we do think that after all this enormous amount of work had been done it should have been made much more accessible by a more complete index. For instance, we saw in one place reference to Hygeia and Panacea, the daughters of Aesculapius, but when we wished to refer to this again apparently there was no way to find it except by a long hunt.

The book is evidently a labor of love and I am sure its author must be satisfied even though it will always be far from a best seller.

PETER PINEO CHASE, M.D.  
*continued on next page*



*GERIATRIC MEDICINE. THE CARE OF THE AGING AND THE AGED.* Edited by Edward J. Stieglitz, Second Edition. W. B. Saunders Company, Philadelphia and London, 1949. \$12.00

The term "Geriatrics" was introduced quite recently. But it is well-known that the problems of old age have attracted attention of the physicians for a long time as well as that of the philosophers and naturalists.

During the last centuries there appeared a great amount of the works which have tried to elucidate nature and causes of the senile changes. Many theories of aging have been proposed. Many attempts have been undertaken to make clear the enigma of the macrobiotics, or in ancient words, "the art of prolonging the span of the human life." At the same time there were published also the numerous books devoted to the diseases of "old age." Many of them have not lost clinical interest until now. If only to mention the most important of them. I may list the distinguished works of Geist, 1860; Charcot, 1866; Demange, 1886; Schwalbe, 1909 and Schlesinger, 1914.

"Geriatric Medicine" edited by Edward J. Stieglitz and newly appeared in the Second Edition treats mostly of the same subject. But what a striking progress medical science has made here if we compare this modern contribution to the field of clinical geriatrics with the analogous previous works. This brilliant book is a collection of 44 papers by eminent authorities together with the introduction and a foreword by editor, Edward J. Stieglitz. It gives a detailed and up-to-date account of the diverse disorders of metabolism, mind and nervous, respiratory, circulatory, alimentary, genito-urinary, skeletal and cutaneous systems which could be established in elderly and old patients. It should be mentioned that many of them are common in all the periods of life. However, in old age their symptomatology, course, prognosis and therapy are distinguished by a lot of peculiarities in dependence upon the unavoidable senile transformations.

It is a great value of the given book that these important topics of the clinical geriatrics were analyzed here very thoroughly. Maybe only in the recent book of Bürger (*Alterskrankheiten*, Leipzig, 1947) we can find such a detailed description of the senile forms of pneumonia, anemia, heart failure, hypertensive cardiovascular disease, Bright's Disease, Cholecystitis, Diabetes mellitus, Arthritis, lesions of the skin, etc.

There are of great interest too the special chapters devoted to the medical care of old people, the principles of geriatric surgery, anesthesia and physical therapy not to mention the countless practical advices concerning the diagnosis and treatment of the elderly and old patients which can be found in

the various sections of this book. But the chief emphasis is placed here on another and maybe more important side of the clinical geriatrics, namely on the diseases of "old age," in the narrow sense of the word—the diverse arteriosclerotic alterations, hypertensive cardiovascular disease, pulmonary emphysema, prostatic hypertrophy, senile mental changes, etc., which occur often in the later decades and increase sharply in incidence with advancing years. They are characterized by insidious onset, silent course for a long while, followed by slow but inevitable progression and consequent failure of the various organs and systems with many chronic almost incurable disorders, rather long periods of disability and finally by premature death.

Many of them, especially arteriosclerosis, occur so often in old persons that they have been usually regarded as some inherent corollaries of the senility, fatal sequelae of the aging processes themselves and therefore maladies beyond any therapeutic possibilities. Therefore, one used to consider old age only as a dreadful evil and the precursor of death—liberator from the morose sufferings of old people. This ill repute of senility is routinely transmitted from generation to generation. Because of this belief the problems of old age in the whole have been too often neglected. Till now there has been unfortunately little time and less patience for the aged. Edward J. Stieglitz stresses quite justly the importance of the environmental influences. Indeed, loss of privilege of labor with the consequent forced idleness, "abdication" from the habitual position in life with the concomitant loss of social respect, shortening of the circle of friends, uprooting and loneliness because of the increasing looseness of family ties and vanishing reverence for age being shown not rarely in the present generations—play a certain part amid the causative factors which can precipitate or accelerate the aging. Much can be done to make the life of elderly or old individuals more comfortable and useful.

One of the greatest values of the Edward J. Stieglitz "Geriatric Medicine" is that it shows very conspicuously how erroneous is the idea that senescence means only decline. The authors of this collective book oppose more or less energetically against "the popular assumptions, superficial evidences and the unthinking tendencies to make sweeping generalizations which perpetuate the widespread misconception of old age." It is a great advantage of the given book that there was established more consequently than ever before the essential difference between the normal physiological senility and pathological senility burdened with many quasi inevitable diseases as well as between the chronologic and physiologic age. We find here in the first section of the book the very instructive articles devoted to the physiologic, anatomic and

mental changes occurring with normal aging, which can be regarded as a valuable addition to the previous works which dealt with the same subject (especially works of Wartin, 1929; Levi; Pepere and Viale, 1933-4; Bastai and Dogliotti, 1938; Cowdry, 1939 and Aschoff, 1938).

It is very valuable too that this book treats not only the senile persons but is even more concerned with the senescent. Of course, the attention of clinical geriatrics must be focused on the critical decades from 40-60 when there begin the mentioned chronic progressive diseases and when medicine has the most chance for their prevention and control. It only is a way to prevent the old people from the premature senile deterioration, from the pathological senile infirmity.

Indeed, there is still much to be learned. Unfortunately the etiology of many diseases of old age (first of all arteriosclerosis) remains till now unknown. Needless to mention how indispensable appear to be the further efforts of the researchers in this difficult and thankless field for the essential progress of clinical geriatrics. No less important is the scientific appreciation of the fundamentals of the biology of the normal aging. Until very recently there has been drawn too much attention to the general theories of aging. But clinical geriatrics requires more the unbiased observations, more the concrete facts and figures about the component elements and multiple facets of the processes of normal and pathological senescence than the abstract speculations about them.

Indeed, the Stieglitz collective work cannot contain the decisive answers to the multiple, not rarely very intricate and sometimes quite obscure questions of clinical geriatrics. The up-to-date level of our knowledge in this domain doesn't permit that.

Nevertheless, this excellent book reflecting modern advances in this given branch of medicine answers very well to the purpose of guiding and advising the physicians who are to deal much with elderly and old people. It stimulates also the further study of these problems.

The need to learn about aging is now urgent. It is a well established fact that old people continue to increase in absolute figures and in relative proportion to the population. As remarks Edward J. Stieglitz, long life without health is not only an individual tragedy, but a social evil. Clinical geriatrics tries to add health to the years of later maturity. Its ultimate aim is longevity with continued health and vigor into ripe senility.

Although old age is distinguished even in normal individuals by a certain decline in some somatic and mental capacities there occur at the same time many important increments in other capacities. For instance with waning powers of speed in adaptation

comes compensatory increase in skills. Failing memory for petty details is often offset by bettered judgment. Broader vision, wisdom, greater tolerance and consciousness of social responsibilities, vast experience of life are among the gains of later maturity. In some respects these gains exceed the losses in the balance sheet of life (Edward J. Stieglitz). Full emotional and intellectual maturity of the human personality comes rather late and at best unfortunately to a very few in the present time. Therefore, there is no exaggeration in the assumption that healthy old people can be a very valuable asset to the commonwealth if the potentialities of them are wisely developed, guided and utilized. Really, society functions most adequately when all ages are represented in its structure. I dare believe that this harmonious balance can help our culture to overcome the evil of the numerous "isms" which have clouded the life of our generations almost from the beginning of the present century. I should like to finish this review with the following excerpts from the Stieglitz book:

"Conservation of the health and vigor of the precious and most difficultly replaceable elderly minds should be an essential part of our efforts for defending our culture . . . The future course of events, economic destruction or great enrichment of human life will depend in a large measure upon the science and art of medicine. Such is the vast responsibility of geriatric medicine."

Summing up may I express the hope that this excellent book should be included in the library of every practising physician, general practitioner or specialist alike who deals with aging or aged patients.

IVAN V. BASYLEWYCZ, M.D.

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*concluded from page 104*

7. The recommended examinations will be done without charge through the office of the Director of Tuberculosis Control acting in the area, if so desired, but may be done by a private physician subject to review by this Director.

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